

DEPARTMENT OF THE ARMY SUPPLY BULLETIN

Army Medical Department Supply Information

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NOTICE

This Supply Bulletin is devoted entirely to
Information Specific to the
ARMY NATIONAL GUARD (ARNG)
and supersedes any previous editions prior to 2007

CHAPTER 1. ARMY NATIONAL GUARD (ARNG) RESPONSIBILITIES

1-1. ARMY NATIONAL GUARD SUPPLEMENT TO AR 40-61, *MEDICAL LOGISTICS POLICIES AND PROCEDURES*

a. This issue in the SB 8-75-series consolidates all ARNG information into one publication.

b. AR 40-61, provides ARNG specific guidance found in this edition of the SB 8-75-S10. The AR 40-61 citation makes this guidance applicable to the ARNG.

c. Point of Contact (POC) for this information is NGB-ARS, telephone DSN 327-9164 / Comm 703-607-9164 or Telefax extensions 7187.

1-2. ARNG SOURCES OF MEDICAL LOGISTICS ASSISTANCE (AR 40-61)

The United States Army Medical Command (USAMEDCOM) provides logistics assistance and support to ARNG medical units and activities. This command has divided the world into Regional Medical Commands (RMCs). You are encouraged to establish coordination through your Major Command (MACOM) to your supporting RMC for required assistance. The following is a list of RMCs and the states they support:

1. North Atlantic RMC supports: CT, DC, DE, IL, IN, KY, MA, MD, ME, MI, MN, NC, NH, NJ, NY, OH, PA, RI, VT, VA, WI, WV.

POC: DSN 662-0833 / Comm 202-782-0833; telefax ext. 6142.

MAILING ADDRESS: Commander, NARMC
ATTN: MCAT-OP
Bldg. 1, Room D406, WRAMC
Washington DC 20307-5001

2. Southeast RMC supports: AL, FL, GA, MS, PR, SC, TN, VI.

POC: DSN 773-2470 / Comm 706-787-2470; telefax ext. 2484 / DSN 2482.

MAILING ADDRESS: Commander, SERMC
ATTN: MCSE-R, Bldg 40709
Fort Gordon GA 30905-5650

3. Great Plains RMC supports: AR, AZ, CO, IA, KS, LA, MO, MT, ND, NE, NM, OK, SD, TX, UT, WY.

POC: DSN 421-2365 / Comm 210-295-2365; telefax ext. 2335 / 2288.

MAILING ADDRESS: Commander, GPRMC
ATTN: MCGP-OPS
2410 Stanley Road, Suite 109
Fort Sam Houston TX 78234-6200

4. Western RMC supports: AK, CA, GU, HI, ID, NV, OR, WA.

POC: DSN 782-4364 / Comm 256-968-4364, telefax ext. 3265.

MAILING ADDRESS: Commander WRMC-MAC
ATTN: MCHJ-FID
Bldg # 9912-C
Tacoma WA 98431-1111

1-3. MEDICAL SUPPLY SUPPORT OF THE ARMY NATIONAL GUARD BY USA MEDCOM ACTIVITIES (AR 40-61)

a. Army National Guard medical units, organizations and installations are authorized and encouraged to receive medical supply support from the MEDCOM element with area support responsibility for the geographic area in which the unit/organization/installation to be supported is located. A delineation of Regional Medical Commands (RMCs) and the Medical Activity (MEDDAC) or Medical Center (MEDCEN) responsible for each is found in *AR 5-9* (dated 16 October 1998), *Area Support Responsibilities*, and appropriate MEDCOM Regulation.

b. Such support is contingent upon establishment of a support agreement with the supporting MEDDAC or MEDCEN including a possible funding procedure. When supply support is to be provided to a unit or installation, the unit or installation will submit the required DA Form 1687 (Notice of Delegation of Authority - Receipt for Supplies) through the United States Property and Fiscal Officer (USPFO) to the supporting MEDDAC or MEDCEN. The USPFO will validate the form, ensuring that limitations concerning the materiel authorized for request are stated on the form. A Medical Corps Officer should sign DA Form 1687 for controlled drug supply support. The State Surgeon may be requested to perform this function and monitor the requesting of controlled substances by installations without an assigned physician.

c. When controlled substances are requested, they may be transmitted directly from the Installation Medical Supply Activity (IMSA) at the MEDDAC or MEDCEN to the requesting unit/installation to facilitate security and accountability. In this case, bypassing the USPFO is authorized; however, receiving documentation must be provided to the USPFO in accordance with (IAW) each state/territory's SOP. Units/installations in close proximity to the supporting IMSA will be required to have an authorized individual personally receipt for the controlled substances. Issues to remote units will be shipped by registered mail, return receipt required. When a support agreement is negotiated, the USPFO must ensure an audit trail is established.

d. MEDDAC or MEDCEN should be viewed as the primary source of:

(1) X-ray film and x-ray chemicals. (Rationale: USPFO will generally find the MEDDAC or MEDCEN more cost effective than local purchase or requisition through S9M.)

(2) Controlled substance(s). (Rationale: The Defense Supply Center Philadelphia (DSCP) will not honor ARNG requisitions for Code "R" or "Q" controlled substances. They must be obtained through the supporting MEDDAC or MEDCEN; the MEDDAC or MEDCEN procures through Prime Vendor (PV) contracts.)

e. See Chapter 3 in this bulletin for medical maintenance specific supply support.

1-4. SPECIFIC GUIDANCE PERTAINING TO VARIOUS TYPES OF MATERIEL

a. Routine requests for Non-expendable equipment will not be requested through a supporting MEDDAC or MEDCEN unless during mobilization the IMSA can be utilized.

b. Aviation units and flight facilities authorized aviation survival kits may request those kits from the IMSA at the supporting MEDDAC or MEDCEN. Loperamide Hydrochloride Tablets, NF (NSN 6505-01-238-5632), is no longer a NOTE "Q" item. Doxycycline Hyclate (NSN 6505-00-009-5060) is authorized at 28 tablets per kit. Doxycycline is to be taken 1 tablet a day for 28 days.

c. The U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM) provides instructions for destruction of military items, Military Item Disposal Instructions (MIDI), through a web site on the Internet. The site can be accessed at:

<http://chppm-www.apgea.army.mil/hmwp/>.

The MIDI team can be reached at DSN 584-3651 or 1-800-276-MIDI (6434)-5237.

d. When negotiating supply support, initial contact should be made with the Chief, Logistics Division, of the MEDDAC or MEDCEN. Funding arrangements will require further coordination with the MEDDAC or MEDCEN Comptroller.

e. It is the policy of the MEDCOM to provide responsive support, within the limits of their capabilities, to the ARNG. See Chapter 3 for medical maintenance support.

1-5. MEDICAL CARE SUPPORT EQUIPMENT (MEDCASE) PROCEDURES (AR 40-61)

a. Capital investment medical equipment is defined as equipment with a unit price of \$100,000.00 or more "each" (sets are not considered capital investment medical equipment). If capital investment equipment is authorized to an ARNG element by other than Modified Table of Organization and Equipment (MTOE), it must be acquired using MEDCASE procedures.

b. Preparation of MEDCASE requests shall be in accordance with DA *SB 8-75-MEDCASE*.

c. The Chief Surgeon, Army National Guard (NGB-ARS), will perform the review and approval, and overall program management functions designated for major medical commands by DA *SB 8-75-MEDCASE*.

d. States are reminded that the Table of Distribution Allowances (TDA) must authorize any capital expense medical equipment prior to the initiation of MEDCASE action. Procurement requires submission of DA Form 5027-R (MEDCASE Program Requirement) and 5028-R (MEDCASE Support and Transmittal Form) IAW *SB 8-75-MEDCASE*.

1-6. COMMANDERS REVIEW PROGRAM FOR DURABLE MEDICAL MATERIEL (AR 40-61)

a. Each commander of a medical element, which operates a physical examination station, will establish a formal program for reviewing the consumption of durable medical items. The program should be designed to improve supply discipline, emphasize economy, and focus attention on the prudent use of resources.

b. Commanders will conduct annual consumption reviews of the 20 durable items the activity has spent the most money on during the last year. The items will be reviewed for potential savings and for increases in usage from year to year. Reviews may also be conducted on other durable items for which the activity desires control visibility, such as items experiencing a high-loss rate. From this review, items will be selected for intensive management.

c. At the conclusion of the period, actual usage should be reviewed against established usage levels. Activities will document the review, to include corrective action taken, or the cause(s) for usage in excess of the established rate.

d. These reviews will be retained for two years, used for internal audit, and presented to inspectors, i.e., Command Logistics Review Team (CLRT).

1-7. ARNG CLASS VIII MATERIEL MANAGEMENT COURSE

a. The ARNG Class VIII materiel management course will be conducted annually. A memorandum with course date dates and location will be published and distributed to USPFO Class VIII Managers.

b. The course is intended to provide Class VIII Commodity Managers, Deputy State Surgeons and medical maintenance and supply personnel with the tools and current policies required to properly manage Class VIII (medical and dental) materiel.

1-8. HOW TO REQUEST SB 8-75 SERIES AND *SB 8-75-S10*

a. Personnel working in the medical supply arena must have the SB 8-75 series and *SB 8-75-S10* in their logistics library. The SB 8-75 series pertains to Army Medical Department supply information and the S10 provides specific guidance concerning medical materiel for the ARNG.

b. Distribution. Copies of the DA SB 8-75 Series may be downloaded from the USAMMA website at <http://www.usamma.army.mil/>.

1-9. PRIME VENDOR (PV) SYSTEM

a. The Department of Defense (DoD) system for providing Class VIII to users has adopted "best commercial practices" from the private sector. In January 1993, the Office of the Secretary of Defense (OSD) issued a policy stating that all DoD components are to employ direct delivery from vendors to end-users whenever it is cost effective and responsive to end users' requirements. The medical PV initiatives fulfill that mandate, but at a cost in terms of service to small, off-post customers such as ARNG units and activities.

b. The intent of the DoD medical PV is to:

- ◆ Reduce inventory-carrying costs.
- ◆ Reduce product costs by using the consolidated buying power of DoD.
- ◆ Provide customers' responsiveness equal to the existing commercial standard (in most cases, product delivered within 24 hours of ordering).
- ◆ Provide military users with an enhanced product selection, comparable to that available to civilian institutions.

c. As the medical PV program is structured, benefits are directed to the DoD fixed Medical Treatment Facilities (MTF). Impacts on the ARNG include:

- ◆ A reduction of the price and an increase in choices of FSC 6505 materiel;
- ◆ A decrease, in most states, of the labor component involved in ARNG acquisition of FSC 6505, if sourced directly or indirectly from a PV; and
- ◆ A decrease in Order-Ship Time (OST) for materiel sourced from a PV, as compared with OST for materiel sourced via MILSTRIP from the National Inventory Control Point (NICP).

d. The two main challenges the ARNG faces because of the pharmaceutical and medical/surgical PV initiatives are:

- ◆ How to obtain responsive support from the designated PVs or alternative sources of supply.
- ◆ How to provide USPFOs with the ability to perform the expanded roles of Class VIII Supply Support Activities (SSAs).

e. The following service standards have been identified for pharmaceutical PV support to the ARNG:

- ◆ How to obtain responsive support from the designated PVs or alternative sources of supply.
- ◆ Orders originate in ULLS-S4 (where available) and flow through SARSS-1, SARSS-2AC, and the Defense Automated Addressing System (DAAS) to the source of supply. Within the State, the transaction is an automated MILSTRIP/Military Standard Billing System (MILSBILLS) transaction.

- ◆ NSN to PV stock number conversion takes place above the state level.
- ◆ The delivery standard is 7 days after receipt of the order by the PV, with 48-hour premium service available.

Eligible delivery locations include all ARNG Department of Defense Automated Address Codes (DODAACs). Deliveries will be required only to USPFOs, TMCs, Army Aviation Support Facilities (AASFs), State Area Command (STARC) medical detachments, and Modified Tables of Organization and Equipment (MTOE) medical companies.

- ◆ Aggregate costs, including delivery, are equal to or less than the current cost for the same materiel requisitioned MILSTRIP with an acquisition advice code (AAC) of "2A."

- ◆ There are potentially four ARNG FSC 6505 service alternatives.
- ◆ USPFOs routing requisitions to their supporting IMSAs, for fill by the supporting

PV.

- ◆ USPFOs acquiring PV terminals and submitting their requirements directly to the

PV.

- ◆ Establishing a pharmaceutical PV contract specifically for support of the ARNG.
- ◆ USPFOs submitting MILSTRIP requisitions through the NICP, using AAC 2A. The

NICP would refer to a vendor for Direct Vendor Delivery (DVD).

- ◆ The Logistics Intelligence File (LIF) determines the TRM (Training Resource Model) dollars and it is imperative that demand history is captured so that Class VIII OPTEMPO dollars can be validated in the Program Objective Memorandum (POM).

1-10. NATIONAL GUARD BUREAU (NGB) REFERENCES

Appendix A contains a list of references for this publication and for the use of all NGB Units.

CHAPTER 2. PHYSICAL EXAMINATION STATIONS

2-1. PROCEDURES FOR AUTHORIZING AND EQUIPPING OF ARNG PHYSICAL EXAMINATION STATIONS (AR 40-61)

a. Physical Examination Stations (PES) may be located at ARNG training sites, armories or may be mobile. Physical examinations should be conducted IAW AR 40-501, *Standards of Medical Fitness*; use current issue.

b. Establishment and operation of an ARNG PES requires approval of the Chief Surgeon, Army National Guard. Send requests for approval to:

Chief, National Guard Bureau
ATTN: NGB-ARS
111 South George Mason Drive
Arlington VA 22204-1382

c. The following statement must be in the request for approval:

"I certify that the State of _____ has complied with OSHA requirements for this Physical Examination Station. The State Quality Improvement Plan addresses all aspects of the professional operation."

Signed, Rank, Name of State Surgeon

2-2. MEDICAL EQUIPMENT RECOMMENDED FOR CONDUCT OF ARNG PHYSICAL EXAMINATIONS (AR 40-61)

a. MTOE Medical equipment may be used to support the medical and dental soldier readiness requirements of the ARNG.

(1) The items listed in Table 2-1 are approved for use in State Medical Detachments. Substitutions are authorized and do not require change to the TDA. Installation property is not placed on the TDA. To make changes to the State Medical Detachment TDA, submit a DA form 4610-R to:

Chief, National Guard Bureau
ATTN: NGB-ARS
111 South George Mason Drive
Arlington VA 22204-1382

(2) The memorandum must specify the TDA number to which the items are to be added. In the body of the memorandum create the following column headings:

<u>Paragraph</u>	<u>NGB Assigned LIN</u>	<u>NOMEN</u>	<u>Quantity to be Added</u>	<u>New Total Qty</u>
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**TABLE 2-1. MEDICAL EQUIPMENT RECOMMENDED FOR
ARNG PHYSICAL EXAMINATION STATION (PESs)**

NGB ASSIGNED LIN	NOMENCLATURE (Alphabetical Listing)
93104G	ANALYZER, BLOOD CHEMISTRY (REFLOTRON)
86019G	ARMED FORCES VISION TESTER
86022G	AUDIOMETER PORT, MICROPROCESSOR CONT.
87009G	AUDIOMETER
94031G	BAG, COMBAT LIFESAVER
87001G	BOOTH AUDIOMETRIC EXAMINATION
87002G	CABINET DENTAL 24-DRAWER
84907G	CABINET SURGICAL INSTRUMENT
95015G	CABINET, LABORATORY
84010G	CALIBRATION ANALYZER
84574G	CALIBRATION DEVICE, HEARS
84025G	CART, MICRO-DENTAL ASST.
85312G	CENTRIFUGE, LABORATORY
85311G	CHAIR, DENTAL
94127G	COLOR VISION TESTER
84923G	DEFIBRILLATOR/ECG MONITOR SYS
92351G	DEPTH PERCEPTION DEVICE
94036G	EKG, 12-LEAD
93208G	ILLUMINATOR, X-RAY FILM
87008G	INSTRUMENT SET, DENTAL
86069G	LENS MEASURING INSTRUMENT
92352G	LENSOMETER
87019G	LIGHT, MICROSCOPE
87036G	LIGHT SET, DENTAL EXAM
87024G	MANNEQUIN, RESC
93158G	MONITOR, VITAL SIGNS
92335g	OTO/OPHTHALMOSCOPE SET
93032G	PRINTER, AUDIOMETER
86070G	PROCESSING MACH., RAD, AUTO DENT
93350G	REFRIGERATOR
85332G	STAND, SURG INSTRUMENT
84917G	STEREOSCOPE VISION TESTING
87023G	STERILIZER SURG INSTR & DRESSING
86034G	STOOL OPERATING, DENTAL
88010G	SUCTION APPARATUS

TABLE 2-1. MEDICAL EQUIPMENT RECOMMENDED FOR
ARNG PHYSICAL EXAMINATION STATIONS (PESs) (continued)

NGB ASSIGNED LIN	NOMENCLATURE (Alphabetical Listing)
84920G	SURG INSTR & SUPPLY SET, FLT SURG
87028G	TABLE EXAMINING AND TREATMENT
94136G	TABLE, EXAM OB/GYN
94032G	THERMOMETER, EAR
84945G	THERMOMETER ELECTRONIC
85315G	TONOMETER
87005G	VISION SCREENING APPARATUS
93105G	VISION TESTER W/ REMOTE UNIT
92353G	VISION TESTING APPAR, NEAR VISION, STEREOS
92119G	X-RAY APPARATUS, BITE WING
93028G	X-RAY PANOGRAPH

2-3. POLICY RELATIVE TO LABORATORY EQUIPMENT

Laboratory services in ARNG PESs and TMCs will not be authorized. Operation of these services subjects the facility to Clinical Laboratories Improvement Amendment (CLIA) certification every 2 years. Supervisors of laboratory services are required to possess a baccalaureate degree in the laboratory sciences in order to meet CLIA requirements. The costs of purchasing and maintaining laboratory equipment and the requirement to purchase and store large quantities of reagents make contracts extremely attractive.

2-4. POLICY RELATIVE TO RADIOLOGY EQUIPMENT

a. Establishment of x-ray capabilities, except Panograph in PESs and digital dental bite wings machines, will not be authorized. States wishing to establish x-ray capabilities other than panographic or digital dental x-rays in authorized Troop Medical Clinics (TMCs), must request authority from NGB-ARS. Complete justification must be provided, to include the reason(s) existing local federal facilities can not be utilized, cost comparisons of operating and maintaining ARNG x-ray equipment versus local contracts, and projected volume.

b. Upon authorization of the facility, equipment authorization may be requested from NGB-ARS. Questions relative to recommended equipment should be directed to NGB-ARS. The *SB 8-75-MEDCASE* procedures will apply.

CHAPTER 3. MEDICAL MAINTENANCE

3-1. ARNG MEDICAL EQUIPMENT MAINTENANCE POLICY AND PROCEDURES (AR 40-61, AR 750-1)

a. Responsibilities

(1) Medical equipment maintenance is a command responsibility. Unit commanders will provide the necessary resources (personnel, facilities, and time) to provide for an effective medical equipment maintenance program.

(2) Assigned medical equipment repairers (MOS 68A), to the maximum extent possible, will perform Field level medical maintenance services on assigned medical equipment.

(3) State Surface Maintenance Managers are responsible to coordinate Sustainment Level Medical Maintenance support within their respective State.

(4) All items of medical equipment shall be tested and documented prior to initial use and at least annually thereafter.

b. Maintenance procedures

(1) Establishment of a functional medical equipment maintenance program requires command emphasis to ensure the following processes are achieved:

- (a) Medical equipment maintenance resources are identified.
- (b) Assigned medical equipment repairers are trained and available.
- (c) Medical equipment requiring maintenance services are identified.
- (d) Adequate space and time are allocated.
- (e) Appropriate TMs and/or manufacturer literature are on hand.
- (f) Required equipment maintenance records are maintained.
- (g) Periodic maintenance services are scheduled and performed.
- (h) Repair parts procedures are implemented.
- (i) USR feeder information and DA Form 2406 reporting requirements are properly documented.

(2) Monitor the program for continuous process improvement.

(3) See SB 8-75-S6, appendix E for a sample Medical maintenance SOP.

3-2. IDENTIFICATION OF MEDICAL EQUIPMENT MAINTENANCE RESOURCES

a. Assigned medical equipment repairers (MOS 68A), to the maximum extent possible, will provide field (unit) level medical equipment maintenance.

b. The USAMMA managed **AMEDD Maintenance Sustainment Program (AMSP)**. The AMSP is a centrally funded program for sustainment (DS/GS) and depot level maintenance of MTOE medical equipment.

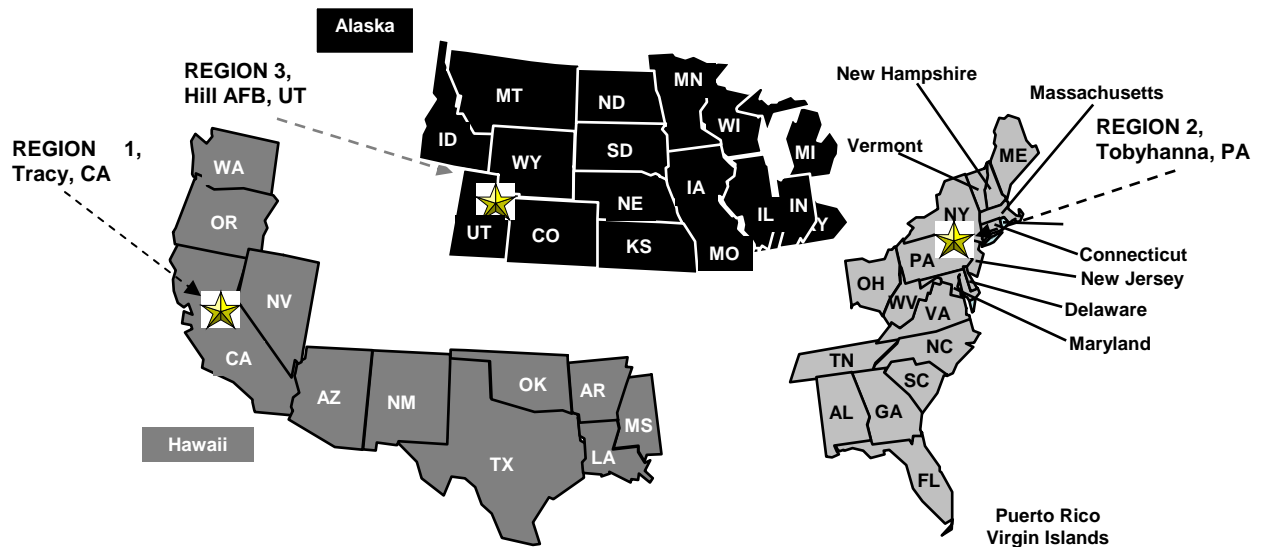
(1) The AMSP includes labor, parts, and TDY costs for ARNG MTOE units.

(2) USAMMA Medical Maintenance Operations Divisions (MMOD) are strategically located at Tracy (CA), Hill AFB (UT), and Tobyhanna (PA). For medical equipment

maintenance support contact the appropriate MMOD Regional Site listed below, see Table 3-1 for the supported states:

- (a) MMOD-Tracy, CA, DSN 462-4556/commercial 209-839-4556.
- (b) MMOD-Tobyhanna, PA, DSN 795-7744/commercial 570-895-7744.
- (c) MMOD-Hill AFB, UT, DSN 586-4947/commercial 801-586-4947.

TABLE 3-1. USAMMA MMOD REGIONAL SITES



(3) See Appendix B of this bulletin for a more detailed description of the USAMMA managed AMEDD Maintenance Sustainment Program.

c. The MEDDAC/MEDCEN (IMSA) with geographic support responsibility (see paragraph 1-2 this bulletin) is also charged to provide maintenance support as requested (availability dependant) on a reimbursable basis. All costs associated with labor, parts, and TDY expenses are reimbursable.

3-3. PROVIDE FOR QUALIFIED, TRAINED MEDICAL EQUIPMENT REPAIRERS

a. Medical equipment poses a potential risk to patients and will only be serviced by school trained medical equipment repairers (MOS 68A or civilian equivalent).

(1) Medical equipment comes in direct contact with patients that may be more susceptible to electrical shock. The equipment must meet or exceed the electrical safety standards IAW *AR 40-61*.

(2) Patient diagnosis and treatment is dependant on properly serviced and calibrated medical equipment. Improper diagnosis or improper treatment is often detrimental to patient health.

b. Medical equipment repairers receive their training at the DOD BMET Training Course, Sheppard Air Force Base, TX.

(1) Medical equipment repairer skills are perishable skill and must be periodically sustained.

(2) It is critical that the unit repairers are engaged in an ongoing maintenance and training program.

3-4. IDENTIFICATION OF MEDICAL EQUIPMENT REQUIRING PERIODIC MAINTENANCE AND AN EQUIPMENT MAINTENANCE LOG

a. Table 3-2 is an approximate list of ARNG MTOE medical equipment requiring periodic maintenance. An additional source that should be reviewed to identify maintenance-significant items in medical equipment sets is the materiel-fielding plan (MFP) for the set.

b. The materiel fielding plan identifies the equipment items were issues during the fielding. The items and densities on hand at the unit may be different than current published unit assemblage (UA) listings. Additionally, unique mission requirements also determine specific equipment items and densities. Medical equipment items on hand but not listed which are generally the same as a listed item also require a maintenance log.

c. Maintenance records specified in TB 38-750-2 (*Maintenance Management Procedures for Medical Equipment*, with Changes 1-3) must be maintained.

d. The requirement for a maintenance function at a specific periodic interval does not preclude the function from being performed more frequently. During prolonged exercises or missions involving patient treatment, scheduled testing of electrically operated medical equipment designated for use in critical care areas will be semi-annually. All items listed require periodic preventive maintenance checks and services (PMCS). Calibration/verification/certification (CVC) and electrical safety (ES) are required as identified in the listing.

e. The alphabetical code "A" designates a frequency of annual at which the service is required. Lack of qualified personnel and or TMDE in may require performance of CVC services by higher-level maintenance activities.

f. Items with a second alphabetical character in the CVC column designates the lowest applicable maintenance level which that service should be performed. If no second letter is present the lowest level at which these services can be performed is field (organizational).

O = Organizational (Field) F or H = Intermediate D = Depot

TABLE 3-2. MEDICAL EQUIPMENT REQUIRING AN EQUIPMENT MAINTENANCE LOG (ARMY NATIONAL GUARD)

NSN	PMCS	CVC	ES	NOMENCLATURE
4110001138334	A	---	A	FRIG SOLID STATE BIO
6130010701500	A	---	A	POWER SUP 115V60HZ AC
6515004770770	A	A	A	DEFIB MON/RCDR
6515005507199	A	---	---	OTOSCOPE&OPHTH SCOPE
6515010617811	A	---	---	RESUSCITATOR-INHALATI

NSN	PMCS	CVC	ES	NOMENCLATURE
6515012848704	A	---	A	SUCTION APPAR TRACH
6515013333165	A	---	---	OTOSCOPE & OPHTH SET
6515013386602	A	---	---	RESUSCITATOR HAND OPR
6515013469186	A	---	A	TRACTION APPARATUS
6515013814456	A	A	A	PUMP I.V. INFUSION
6515014660971	A	A	---	OXIMETER PULSE FINGER
6520000000158	A	---	A	OPERATING TRMT UNIT
6520001490123	A	---	A	AMALGAMATOR ELEC 115V
6520011256618	A	---	---	TESTER PULP DEN BAT
6520011365840	A	---	---	STOOL DEN OP CHR PORT
6520012048688	A	---	A	SONIC PROPHYLAXIS UN
6520012965760	A	---	A	CURING SYSTEM DENTAL
6520014263683	A	---	A	OPERATING & TREATMENT
6520014463783	A	---	---	CHAIR DENTAL OPERATING
6520014464170	A	---	A	LIGHT DEN OPER FIELD
6525004559947	A	---	A	VIEWER DEN RAD 115 V
6525010992320	A	A	A	X-RAY: APPARATUS DEN
6525011669033	A	---	A	SCREEN XRAY MBLE PROT
6525013253740	A	A	A	X-RAY APP LOW CAP FLD
6525013456089	A	---	A	PROCESSING MACHINE
6530007098175	A	---	---	TABLE OPER RM FIELD
6530007826503	A		A	SINK UNIT SURG SCRUB
6530009372204	A	A/D	A	LIGHT SLIT OPHTH ADJ
6530011885294	A	---	A	STERILIZER SURG
6540001165780	A	---	A	EDGING MACH OPHTH
6540002998688	A	---	---	OPHTHALMOSCOPE RETINO
6540003247475	A	---	A	DEPTH PERCEPT APP OPH
6540003826100	A	---		TONOMETER OPHTH SCHIO
6540004435864	A	---	A	PROJEC VISUL115VAC-DC
6540008776464	A	---	---	PHOROPTER MINUS CYLIN
6540011458775	A	---	---	CHAIR OPTOM PORT METL
6540011628234	A	---	A	ARM PHOROPTER REFRACT
6630014112568	A	A	A	ANALYZER CLINICAL
6630014222098	A	---	A	PRINTER ANALYZER PORT
6630014729862	A	A	A	ANALYZER BLOOD GAS
6640002736965	A	A	A	CENTRIFUGE LABORATORY
6640004188010	A	---	---	COUNTER BLOOD CELLS
6640011721132	A	---	A	ROTATOR LAB VAR SPEED
6640011767613	A	---	A	SHAKING MACH LAB AC
6640012052422	A	---	---	CENTRIFUGE LAB BAT 9V

NSN	PMCS	CVC	ES	NOMENCLATURE
6650009333218	A	---	---	REFRACTOMETER HAND
6650009736945	A	A/D	A	MICROSCOPE OPTICAL
6650010223602	A	A/D	A	LIGHT MICROSCOPE
6650012070829	A	A/D	A	MICROSCOPE OPT BINOC
6650012593008	A	A/D	A	MICROSCOPE OPTICAL
7105007100210	A	---	---	TABLE FLDG LEG LAB
Note: The following list indicates SRC ID and unit type where the medical equipment listed above may be located.				
ARNG Units are under COMPO 2				
SRC ID	Unit Type/Designation			
08446L000	HHD, Medical Evacuation Battalion			
08447L100	Air Ambulance Company (UH-1A)			
08447L200	Air Ambulance Company (UH-1A) UH-60)			
08456A000	HHD, Area Support Medical Battalion			
08457A000	Area Support Medical Company			
08753A000	Area Support Medical Detachment			

3-5. PROVIDING ADEQUATE FACILITIES SPACE AND TIME FOR ADMINISTRATIVE AND MEDICAL MAINTENANCE FUNCTIONS

Consideration should be given to:

- a. Adequate lighting.
- b. Administrative space.
- c. Maintenance/work area and storage space.
- d. A secure area for Test, Measurement, and Diagnostic Equipment (TMDE), i.e., a separate secure room or lockable cabinet(s).
- e. Training schedule regulation to allow for maintenance functions.

3-6. REQUIRED TECHNICAL MANUALS AND MANUFACTURERS' LITERATURE

a. When technical manuals (TMs) are not available, manufacturers' literature will be used to determine maintenance intervals and requirements.

b. Table 3-3 lists available TMs for medical equipment. These publications, as well as manufactures' literature on CDs, are available from the USAMMA's website at <http://www.usamma.army.mil/>.

TABLE 3-3. MEDICAL EQUIPMENT TECHNICAL PUBLICATIONS

PUBLICATION	TITLE	IDN/ BLOCK NO	DATE
TM 8-4110-001-24&P	Refrigerator, Mechanical Blood Bank	4000	Sep 90
TM 8-4110-002-14&P	Refrigerator, Solid State, Biological, Mdl DLA 50T	344636	Jan 98
TM 8-6500-001-10-PMCS	Operator's PMCS for Reportable Medical Equipment	1757	Dec 89
TM 8-6515-001-24&P	Anesthesia Apparatus	3938	Sep 90
TM 8-6515-003-24&P	Electrosurgical Apparatus, Mdl Force 2	4496	Sep 93
TM 8-6515-004-24&P	Suction Apparatus, Oropharyngeal, Mdl 308M	4501	Oct 93
TM 8-6515-005-24&P	Bronchoscope, Flexible, Fiber Optic, Mdls F3 and F3G	4513	Mar 94
TM 8-6515-006-24&P	Light, Endoscopic Instrument, Mdl 52-1201	4516	Jun 94
TM 8-6515-007-24&P	Light, Endoscopic Instrument, Mdl DLMP-300	4520	Jul 94
TM 8-6515-008-24&P	Suction Apparatus, Surgical, Mdl 6003	4552	Sep 94
TM 8-6515-009-24&P	Drainage Unit, Pleural Cavity, Mdl 6053	4564	Nov 94
TM 8-6515-010-14&P	Arthroscopic Surgical Unit	344695	Oct 99
TM 8-6515-012-14&P	Thermometer, Clinical, Human, Electrical, Mdl 600	344694	Jan 99
TM 8-6515-013-14&P	Suction Apparatus, Mdl 306M	344701	May 00
TM 8-6520-001-24&P	Light, Dental, Mdl LFII	4405	Jun 91
TM 8-6520-002-24&P	Dental Operating Unit, Mdl 3406 Porta-Cart	4407	Aug 91
TM 8-6520-003-24&P	Compressor Dehydrator, Dental, Mdl M5B	4389	Dec 91
TM 8-6520-004-14&P	Dental Operating Chair & Stool Unit, Mdl CM- 185	344644	Apr 98
TM 8-6530-004-24&P	Sterilizer	4010	Oct 90
TM 8-6530-005-24&P	Cleaner, Ultrasonic Mobile	4260	Feb 91
TM 8-6530-007-24&P	Cabinet, Solution Warming, Mdl 550 (Change 1)	3554	Feb 92 Mar 92
TM 8-6530-008-24&P	Cabinet, Solution Warming, Mdl 5550	3484	Mar 92
TM 8-6530-009-24&P	Ventilator, Volume, Portable, Mdl 750 & 750M	4454	Aug 92
TM 8-6530-010-24&P	Light, Surgical Field	4486	Apr 93
TM 8-6530-011-14&P	Table, Operating, Field	344648	Feb 98
TM 8-6540-002-14&P	Light, Slit, Ophthalmic, Mdl SL-6E	344663	Aug 98
TM 8-6545-001-24&P	Sink, Surgical Scrub, Field	4425	Sep 91
TM 8-6640-001-24&P	Centrifuge, Laboratory, Mdl SEROFUGE II	4580	Jun 95
TB MED 7	Maintenance Expenditure Limits for Medical Equipment (Change 1)	3397	Jun 92 Oct 93
TB MED 750-1	Operating Guide for Medical Equipment Maintenance	344615	Apr 98

3-7. ESTABLISHMENT OF REQUIRED MEDICAL EQUIPMENT MAINTENANCE RECORDS

- a. Commanders of medical units/activities should provide the resources and command emphasis necessary to ensure that unit personnel are properly trained and are performing the maintenance management procedures as outlined in *TB 38-750-2*. These forms and records, when properly maintained, give the commander a picture of the condition, use, and operational needs of the medical equipment within the command. They also provide an audit trail for parts and labor costs and feeder information for USR Reporting as per AR 220-1 (Unit Status Reporting) and *AR 700-138, Army Logistics Readiness and Sustainability*.
- b. Medical equipment repairers in MTOE units should be managing their medical equipment maintenance program using Army STAMIS (ULLS-G, SAMS-E).
- c. Calibration records for audiometers generated by the microprocessor-controlled calibration equipment must be maintained as permanent records in accordance with *TB MED 501*.

3-8. SCHEDULE PERIODIC MEDICAL EQUIPMENT MAINTENANCE

- a. All maintenance significant medical equipment will be listed on the maintenance schedule (ULLS-G or DD Form 314; *TB 38-750-2*, para 2-2).
- b. Scheduling considerations:
 - (1) When maintenance is to be performed by a supporting organization, schedule services for all units and all equipment during the same period to the maximum extent possible.
 - (a) State Surface Maintenance Managers are responsible to coordinate a designated/centralized location(s) and for coordinating availability of each unit's maintenance significant medical equipment within their respective State. Be sure to include the MEPS plans when scheduling.
 - (b) State Surface Maintenance Managers will coordinate with their supporting regional manager (USAMMA) to identify equipment densities to be serviced and to ensure appropriate facilities and adequate resources are available, i.e., covered building, power, lighting, bench space, etc.
 - (c) USAMMA has an ongoing scheduled maintenance services program (maintenance services are performed by state) for ARNG medical MTOE organizations. See Appendix B in this bulletin for additional information.
 - (2) Maintenance intervals/schedules as established in Table 3-2, this chapter, are considered a minimum and must be adhered to.
 - (3) Units that have a medical maintenance capability should schedule maintenance requirements by section and distribute the workload over a 12-month period, taking into account the individual section's mission requirements and the requirement to include maintenance on the unit training schedule. It is further recommended that maintenance scheduling coordination take place during the unit's annual training planning workshop.
 - (4) During prolonged exercises or missions involving patient treatment, scheduled testing of electrically operated medical equipment designated for use in critical-care areas will be performed semi-annually.

3-9. REPAIR PARTS PROCEDURES

a. Repair parts for medical equipment encompass those components, supplies, and other materials necessary to facilitate field (unit) and higher-level maintenance support of medical equipment. Medical equipment repair parts, though normally Class VIII or Class IX items, can include other supply classes where such parts or materials are required to perform maintenance services or equipment repairs to return an item to a fully mission capable status.

(1) Units not authorized organic medical equipment repairers are not authorized, and will not order or maintain medical equipment repair parts.

(2) Class VIII repair parts do not include accessories or consumable supplies i.e. pipettes, operator replaceable tubing or batteries, collection containers, and so forth which should be funded as part of the organizations' resupply program.

b. ARNG units authorized a medical equipment maintenance capability (MOS 68A or 670A) are authorized to request repair parts from several sources:

(1) Their organic unit supply channels.

(2) The supporting IMSA on a reimbursable basis.

(3) The USAMMA's centralized Class VIII repair parts program (centrally funded for ARNG MTOE units).

(a) Repair parts requested from USAMMA's centrally managed program are for maintenance services to maintain or return an item of equipment to a Fully Mission Capable (FMC) status. This program includes Class VIII repair parts only. Consumables and other supplies should be ordered through normal supply channels.

(b) USAMMA's centrally managed Class VIII repair parts program will not provide parts to stock or maintain PLL inventories.

(c) See Appendix C, this bulletin, for additional information concerning USAMMA's centrally managed class VIII repair parts program.

c. ARNG medical units authorized a medical equipment maintenance capability (MTOE authorized MOS 68A or 670A) are authorized to maintain a PLL.

(1) Repair parts management and documentation procedures for medical materiel are identified in AR 40-61, AR 710-2, DA Pam 710-2-1.

(2) Medical equipment PLL stocks and records will be located with the medical equipment repair section.

(3) Unit established PLL should be monitored by SMM.

3-10. UNIT STATUS REPORTABLE (USR) MEDICAL EQUIPMENT

a. All National Guard (ARNG) units operating equipment listed in *AR 700-138*, Appendix B, will submit their Materiel Condition Status Reports (MCSR) IAW the reporting instructions of *AR 700-138*.

b. Effective 1 October 1990, medical equipment deemed critical to the unit's mission is listed in *AR 700-138* and requires materiel condition status reporting. The equipment readiness goal for reportable items is 90 percent fully mission capable (FMC). The ultimate goal is to sustain a FMC status of 90 percent for all equipment.

c. Medical equipment maintenance personnel will provide feeder information to the unit commander or his/her authorized representative for preparation of the USR. The backside of DD Form 314 will be used for these computations (See *TB 38-750-2*, para 2-2). Maintenance records and forms for this equipment will be prepared and maintained IAW *AR 700-138* and *TB 38-750-2*.

d. ARNG [including Mobilization And Training Equipment Sites (MATES)] units will make a quarterly report on a DA Form 2406 covering a 3-month period ending 15 January, 15 April, 15 July, and 15 October. Assets at MATES, Unit Training Equipment Sites (UTES), or Equipment Concentration Sites (ECS) are not loaned equipment. The MATES keep the DD Form 314 for ARNG units, however only the owning ARNG unit will report this equipment.

3-11. MONITOR THE EFFECTIVENESS OF UNIT'S MAINTENANCE PROGRAM

a. The medical maintenance program should be periodically monitored using formal and informal maintenance inspections and visits. Commanders and leaders should assess the following procedures.

(1) Inspect maintenance records for completeness and notation of completion of required periodic maintenance.

(2) Check the availability of technical manuals or manufacturer's literature on medical equipment requiring periodic maintenance.

(3) Equipment availability based on operator maintenance and feedback.

b. Organizations without organic medical equipment repairers (MOS 68A) should evaluate the unit's operator maintenance and the turn around time for equipment evacuated for support maintenance.

c. See Appendix D, this bulletin, to assist in evaluating the unit equipment maintenance program.

3-12. SPECIAL CONSIDERATIONS

a. Particular emphasis should be given to the calibration and maintenance of x-ray systems. The potential for incorrect or excessive radiation dose from non-maintained or un-calibrated x-ray equipment is high. Maintenance services and radiation protection surveys will be performed as prescribed by manufacturers' manuals and *TB MED 521*. Only medical equipment repairers or civilian equivalent will perform maintenance and calibration on ionizing radiation medical equipment. Performance requirements are outlined in *21 CFR*, and the manufacturer's written specifications. Calibration of X-ray equipment shall be annually or IAW the manufacturer's instructions, whichever is more stringent. X-ray equipment that receives repair service and requires an exchange of parts or certified components that could affect the radiation output or overall calibration will be recalibrated prior to further use (see *AR 40-61*).

b. Safety. Many medical equipment items present a potential safety hazard to both the operator and patient. Problems most often arise when operators have insufficient training or experience in the proper use operation of equipment. Even experienced and skilled operators may endanger their own life and that of the patient if they become careless or fail to adhere to safe operating procedures and practices. Medical equipment should only be used and serviced by properly trained personnel. Particular emphasis should be placed on the safe handling, storage and shipment of compressed gas cylinders. Additional guidance can be found in *AR 700-68*.

c. The *DA SB 8-75* series. This is a frequent source of biomedical equipment serviceability and maintenance information. All ARNG organizations with medical elements

should receive and read these publications. Use IDN (Block No.) 340016. **The IDN for the SB 8-75-S10 is NOT THE SAME. THAT IDN NUMBER IS 343499.**

d. Remedial maintenance (repair). Medical equipment repair will be performed only by a health services maintenance technician, military occupational specialty (MOS) (670A), a medical equipment repairer (MOS 91A/68A), or the civilian equivalent. The repair functions consists of a technical inspection (TI), verification inspection (VI), classification, testing, servicing, and all actions necessary to return an item to a fully mission-capable (FMC) status (*AR 40-61*). In the event that there are no medical maintenance qualified personnel within a unit or activity, it is recommended that the unit's calibration monitor, preferably a Medical Supply Specialist MOS 91J, be given the responsibility to oversee maintenance scheduling, record keeping and obtaining the necessary maintenance functions.

3-13. TEST, MEASUREMENT, AND DIAGNOSTIC EQUIPMENT (TMDE)

a. TMDE are those devices used to evaluate the operational condition of an end item/system or identify equipment faults. TMDE-Special Purpose (TMDE-SP) is exclusive/unique to support of and functionally restricted to a specific type/class of equipment (i.e., defibrillator analyzer). TMDE-General Purpose (TMDE-GP) may be used to service many items/systems (i.e., oscilloscope or multimeter).

b. References are:

(1) *AR 40-61, Medical Logistics Policies and Procedures*

(2) *AR 750-43, Army Test and Diagnostic Equipment Program*

(3) *TB 43-180, Calibration and Repair Requirements for the Maintenance of Army Materiel* [Available only on CD-ROM]}

(4) *TB 750-25, Maintenance Of Supplies And Equipment Army Test, Measurement, And Diagnostic Equipment (TMDE) Calibration And Repair Support (C&RS) Program* [Available only on CD-ROM]

c. The Unit Commander will designate a TMDE Coordinator IAW *AR 750-43*. The TMDE coordinator will administer the unit TMDE program and coordinate with the Calibration Section at the Combined Support Maintenance Shop (CSMS) to ensure TMDE is scheduled for calibration services and entered into the Instrument Master Records File (IMRF). Calibration responsibility and intervals are listed in *TB 43-180*.

(1) TMDE-GP will be serviced by the CSMS or Area Calibration Repair Center (ACRC) responsible for the user or owner's geographical area.

(2) TMDE-SP listed in *TB 43-180* with an "F" level indicated in the calibration responsibility column may be shipped to USAMMA's Medical Maintenance Operations Division Tracy for calibration services. The FREIGHT address is:

U.S. Army Medical Materiel Agency DODAAC: W62SEV
Medical Maintenance Operations Division
Building T-255, Tracy Site
25600 Chrisman Road
Defense Distribution Center
Tracy CA 95304-9150

(3) The TMDE-SP items shipped to Tracy for calibration must include a DA Form 2407 (Maintenance Request) completed as specified in accordance with *TB 38-750-2*. (See *SB 8-75-S6*; Tracy External SOP)

d. Recent changes to Basis of Issue Plans (BOIPs) have yet to catch up requirements and authorization documents. The NGB has published a Memorandum of Authorization (MOA) providing temporary authorization of specific TMDE until such time as the updated requirements and authorizations documents are posted. See Appendix F, this publication, for a copy of the MOA.

e. Table 3-4 illustrates the types and quantities of **medically unique** TMDE-SP and cases ARNG Medical MTOE organization is (eventually) authorized.

TABLE 3-4. TMDE

MEDICAL COMPANY W/68A AUTHORIZATION (FSB, MSB, BSB, ASMB)				
NSN	MATERIAL DESCRIPTION	LIN	QUANTITY	UI
6625012078270	TEST SET ELECTRICAL		1	EA
6685012927873	THERMOMETER SELF-INDI		1	EA
6625012983830	SIMULATOR MED FUNCTIO	S56720	1	EA
6515014382409	TEST SET ELECTROSUR	T90883	1	SE
6625014489577	OSCILLOSCOPE DIGITAL	Z47763	1	EA
6515014491420	ANALYZER DEFIB & TRAN	A83433	1	EA
6515014491421	TESTER VENTILATOR PTB	Z28075	1	EA
6515014491423	ANALYZER NONINVAS BLD	Z07763	1	EA
6695014916615	CALIBRATOR-ANALYZR	C61523	1	EA
6525015020504	METER X-RAY CALIBRA		1	EA
6515015048537	PULSE OXIMETER,SIMU		1	EA
6515015352790	SIMULATOR SENSOR		1	EA
8145015357927	SHIPPING AND STORAG		2	EA
8145015358067	SHIPPING AND STORAG		2	EA
8145015358237	SHIPPING AND STORAG		1	EA
	COMPUTER		1	EA

CHAPTER 4. FEDERAL SUPPLY CLASS 6505 MATERIEL

4-1. ARMY NATIONAL GUARD POLICY ON THE MANAGEMENT OF PHARMACEUTICALS IN MEDICAL ELEMENTS

a. This guidance is intended to supplement *AR 40-61* and *SB 8-75-11*, as they apply to the Army National Guard.

b. This guidance establishes policy and responsibilities relative to the management of Federal Supply Class (FSC) 6505 materiel (pharmaceuticals) in the ARNG. It is applicable to all ARNG units/elements and ARNG PESS. It restricts authority to issue pharmaceuticals to the USPFO and other units and agencies operating as SSAs. Class VIII expendables are funded through OPTEMPO funds to include Aviation Life Support Equipment (ALSE). Civil Support Teams (CST) and CBRNE Enhanced Response Force Package (CERFP) are authorized a base formulary by USAMEDCOM and NGB Surgeon and any additional formulary items may be added and approved by the respective State Surgeon. Additionally, CST and CERFP are authorized Medical, Chemical, Biological, Radiological, and Nuclear Defense Materiel (MCDM) that will be included with their approved formulary.

4-2. STOCKAGE LISTS

a. USPFOs may provide IMSA-type support to ARNG units. USPFOs and ARNG TOE units assigned a medical supply support mission will operate IAW *AR 40-61*.

b. Contracts with Prime Vendors (PVs) have reduced the requirement to stock large quantities of FSC 6505 items. This reduction has resulted in large cost savings because items no longer sit on warehouse shelves waiting to expire. Prime Vendor service is contracted to provide the item(s) within 7-10 days, and is available throughout the United States and many parts of the world.

c. States may utilize several options with respect to the PV system; refer to para 1-9 of this publication for guidance.

4-3. ARNG UNITS ASSIGNED A PATIENT-CARE MISSION

a. ARNG units assigned a mission of providing patient care to military personnel, authorized such care by *AR 40-3*, may requisition and use controlled, shelf life refrigerated materiel. During use, units will control and account for items IAW, *AR 40-61*, Chapter 3.

b. Authorized pharmaceuticals will be listed on a formulary signed by the State Surgeon. NGB Surgeon is the approving authority for base formulary of the CST and CERFP. The State Surgeon will countersign the CST and CERFP formulary annually.

4-4. FORMULARIES

a. A formulary is defined as a list of pharmaceuticals authorized for stockage by a medical element. The only units authorized to stock FSC 6505 materiel are those with formularies approved by the State Surgeon.

b. All medical units and medical elements of operational units will have an individual formulary. The State formulary is a master list of all FSC 6505 items on all individual unit formularies. ARNG CST and CERFP are authorized to stock FSC 6505 year round. **ALL** controlled MCDM is to be authorized by Office of the Surgeon General (OTSG) Operations Division. These MCDM items are only available through army medical depots.

c. Format:

(1) To be valid, a formulary must list the unit to which it applies, identify and state the level of provider (physician or physician's assistant, etc.) who must be present to dispense each pharmaceutical not authorized for dispensing by a medical health care specialist. **The formulary must be dated and signed by the State Surgeon (signature authority cannot be delegated). The State Surgeon will provide to the USPFO, in writing, the highest level health-care provider assigned to the unit.** This enables the USPFO to approve requisitions for items that regulations and laws allow to be dispensed by the personnel assigned to the unit. With the exception of the items listed in paragraph f. (2) below, ARNG units will not stock FSC 6505 item, unless authorized on the unit's validated formulary. See below for an example of formulary format.

(2) Each item listed on the formulary will be described with its NSN/MCN (Management Control Number)/NDC (National Drug Codes), for Prime Vendor items where an NSN is not available), nomenclature, size of unit pack or strength (i.e., 50s, 10mg/ml).

(3) Controlled substances authorized by formulary will show R or Q in the NOTES column as listed by Controlled Inventory Item Code (CIIC) field in the Management Data Section of the *DoD Medical Catalog* (MEDCAT) or *Universal Data Repository* (UDR) *Medical Catalog*. UDR Medical Catalog is available on the web at <https://www.dlis.dla.mil/udr/frmLogon.aspx>. Both publications are on CD-ROM format.

(4) The State Surgeon will sign and date each formulary.

d. Review:

(1) All formularies will be reviewed annually by the State Surgeon to include CST and CERFP. A new signature and date by the State Surgeon is the evidence of an annual review. This review should take place with enough time before the AT cycle to allow units/elements and the USPFO to make the required adjustments. The exception is the CST and CERFP are authorized to stock FSC 6505 items to include controlled substances all year based on the base formulary.

(2) Additional FSC 6505 may be added upon approval of the respective State Surgeon and should be funded with state's Indirect OPTEMPO funds. Items required infrequently, other than those that could be required for emergency treatment to preserve life, limb or eye sight, should be omitted from the formularies. When these items are required, they should be procured by individual prescription from military medical facilities or civilian pharmacies. Formularies are considered valid for one year. Please see Table 4-1 for the formulary example.

TABLE 4-1. EXAMPLE OF FORMULARY

Nomenclature	NSN	Provider	Note	Cost	Qty
ACETAMINOPHEN 325mg Tablets, 50's	6505-01-017-1625	91W		\$0.76	6 BTL
ACYCLOVIR OINTMENT 5% 15 gm	6505-01-137-8451	PA		\$51.69	2 EA
ALBUTEROL INHALATION AEROSOL 17GM	6505-01-116-9245	PA		\$13.00	3 EA
ALUMINUM ACETATE/ACETIC ACID OTIC SOL 2% 60 ML	6505-00-104-8061	91W		\$15.76	3 BTL
ALUMINUM GEL MAGNESIUM TRISILICATE TABS 100's	6505-00-148-4631	91W		\$2.73	2 BTL
ALUMINUM HYDROX GEL, MAGNESIUM, SIMETH 5oz, 48's	6505-00-080-0975	91W		\$6.32	1 CS
AMOXICILLIN CAPS 250 MG 100's	6505-01-010-7953	PA		\$2.00	12 BTL
ANTIDOTE TREATMENT KIT CYANIDE (Treats 3 patients)	6505-01-457-8901	91W	AAC-A	\$549.45	2 PG
ANTIDOTE TREATMENT KIT NERVE AGENT	6505-01-174-9919	91W	AAC-A	\$16.87	75 EA
ANTIDOTE TREATMENT NERVE AGENT AUTOINJECTOR	6505-01-362-7427	91W	AAC-A	\$11.88	75 EA
ANTIPYRINE/BENZOCAINE OTIC Sol, 10ml	6505-00-598-5830	91W		\$1.14	3 BTL
ASPIRIN TABLETS USP 0.324GM 100S	6505-00-100-9985	91W		\$1.50	6 BTL
ATROPINE AUTO INJ 2mg	6505-00-926-9083	91W	AAC-A	\$5.28	75 EA
BACITRACIN OINT .87gms, 144's	6505-01-177-0589	91W		\$5.45	1 PG
BECLOMETHASONE INHAL 17 GM	6505-01-238-5635	PA		\$5.00	3 EA
BISACODYL TABLETS 5MG, 100's	6505-00-118-2759	PA		\$1.79	1 PG
CALAMINE LOTION 4oz	6505-00-687-4535	91W		\$1.10	6 BTL
CEFTRIAXONE SODIUM STERILE USP 500MG VIAL 10 VIAL	6505-01-221-0311	PA		\$120.90	1 PG
CEPHALEXIN CAPSULES 250MG, 100's	6505-00-165-6545	PA		\$5.69	12 BTL
CETYLPYRIDINIUM CHLORIDE/BENZOCAINE LOZENGES 648's	6505-01-421-3787	91W		\$55.41	1 PG
CHARCOAL ACTIVATED USP POWDER 15GM	6505-00-135-2031	91W		\$4.21	3 BTL
CIPROFLOXACIN TABLETS 500MG TABLETS UD 100's	6505-01-273-8650	PA		\$153.50	4 PG
CODEINE PHOSPHATE 30mg/ ACETAMINOPHEN 325mg, Tabs 100's	6505-00-400-2054	PA	Q	\$4.00	2 BTL
DIAZEPAM INJECTION 5MG/ML 2ML AUTO-INJECTOR	6505-01-274-0951	91W	Q, AAC-A	\$9.42	25 EA
DIAZEPAM TABLETS, 5mg 100's	6505-01-098-5802	PA	Q	\$2.50	1 BTL

(continued) TABLE 4-1. EXAMPLE OF FORMULARY

Nomenclature	NSN	Provider	Note	Cost	Qty
DIBUCAINE OINTMENT USP 1% 1OZ TUBE WITH RECTAL AL	6505-00-299-9535	91W		\$0.90	6 TU
DICYCLOMINE HCL 10 mg CAPS 100'S	6505-01-145-8827	PA		\$9.21	1 BTL
DIMERCAPROL 100 mg/ml 3ml amp 10's	6505-01-051-4831	91W		\$331.87	2 PG
DIPHENHYDRAMINE HCL 25 mg Caps 100's	6505-01-153-3272	91W		\$1.61	1 BTL
DIPHENHYDRAMINE HCL 50 mg/ml needle/syringe unit 10's	6505-00-148-7177	91W		\$6.95	2 PG
DOCUSATE SODIUM 100mg Caps, 100's	6505-00-163-7656	91W		\$2.12	1 BTL
DOXYCYCLINE 1 00 mg caps, UD, 100's	6505-00-009-5060	PA		\$6.38	4 PG
ERYTHROMYCIN TABS 250 MG 100'S	6505-00-604-1223	PA		\$3.83	12 BTL
FLUORESCHEIN NA OPTH STRIPS 1 MG 300'S	6505-01-159-1493	91W		\$125.24	1 PG
GUAIFENESIN /DEXTRAMETHORAPHAN COUGH SYRUP 4 oz	6505-01-318-1565	91W		\$1.00	12 BTL
GUAIFENESIN EXTENDED RELEASE TABLETS 600MG 100's	6505-01-238-9443	91W		\$3.89	3 BTL
HEMORRHOIDAL ADULT SUPPOSITORIES, 24'S	6505-01-350-8165	91W		\$3.17	1 PG
RANITIDINE 150MG	6505-01-317-2031	PA		\$121.36	1 BTL

e. Post Annual Training (AT) Report of Usage:

Within 60 days of AT all medical units/elements will report the quantity of items used during their AT cycle. This allows the State Surgeon to compare projection versus actual usage and adjust authorized quantities on the formulary. This report is to be made by annotating the quantity used on the formulary.

f. Changes to the Formulary:

(1) Items are added/deleted and quantities are changed by authorization of the State Surgeon. Units will petition the State Surgeon by memorandum recommending the change(s) and stating the justification. After approval, the formulary will be adjusted by the State Surgeon and distributed as described in para 4-4h.

(2) The State Surgeon processes formulary requests based on the guidance given below. Items not requiring documentation on formularies are:

- (a) Ammonia Inhalant Solution, Aromatic
- (b) Aspirin, USP
- (c) Acetaminophen, USP
- (d) Ibuprofen (100 and 200mg doses only)
- (e) Calamine Lotion, Phenolated

- (f) Chigger Repellent and Antipyretic Lotion
- (g) Isopropyl Alcohol, USP
- (h) Lubricant, Surgical
- (i) Mineral Oil, Light, USP
- (j) Petrolatum, White, USP
- (k) Povidone - Iodine Topical Solution, USP
- (l) Sunscreen Preparation
- (m) Talc, USP
- (n) Undecylenic Acid and Zinc Undecylenate Powder

g. Table of Organization & Equipment (TOE) unit formularies should not authorize pharmaceuticals, which are components of the unit's TOE sets. This restriction is not intended to limit units those items found in TOE sets if other items are needed to provide anticipated patient care. Units should not routinely order or maintain MTOE FSC 6505 items associated with unit assemblages.

h. Distribution:

Upon approval of the formulary, the State Surgeon will retain one copy, one copy provided to the unit, and one copy furnished to the stock control branch of the USPFO.

i. Formularies in combination with CTA 8-100 (*Army Medical Department Expendable/Durable Items*) constitute FSC 6505 requisitioning authority for ARNG medical elements. CTA 8-100 is available on the US Forces Management Agency (USAFMA) at <https://webtaads.belvoir.army.mil/usafmsa/>.

j. Vaccines (as required by AR 40-562, *Immunizations and Chemoprophylaxis*) are not required to be listed on formularies. The issue of vaccines will be approved by USPFO in conformance with written guidance from the State Surgeon. Only those units with personnel trained and authorized to administer immunizations will be issued vaccines and supplies. Routine immunizations are funded by ARNG Medical Readiness dollars (MDEP NG6H). The following are the routine vaccines:

- (1) Tetanus and Diphtheria
- (2) Influenza
- (3) Hepatitis A
- (4) Measles, Mumps and Rubella (MMR, MR, MRV)
- (5) Polio
- (6) Tuberculosis PPD Skin test – Required for health care workers and specific deployments
- (7) Varicella Immunity Status – Required for health care workers
- (8) Hepatitis B – Required for health care workers and MOS/AOC determined to be at risk

k. All immunizations required beyond the routine immunizations, should be paid using either CONOPS (Contingency Operations) funds or monies provided by COCOM (Combatant Commanders) in the theater of operation, i.e., SOUTHCOM.

l. Army Annual Influenza Virus Vaccine Program

(1) The USAMMA is the Inventory Control Point for the Army for the Influenza Virus Vaccine, which is an Acquisition Advice Code (AAC), A item. Defense Supply Center, Philadelphia (DSCP), contracts with vaccine manufacturers, acquires the flu vaccine, and distributes it to activities based on the priorities submitted on requests by the USAMMA. The USAMMA collects the requirements and tracks all requisitions until they are filled.

(2) NSNs change yearly for the flu vaccine. It is essential that the current's year's NSNs be used in the requesting process. NSNs requisitioned must coincide with NSNs previously submitted for the requirements. If a change is required, notify the USAMMA

Influenza/Vaccine Manager (MCMR-MMO-SO) at DSN 343-3242 / 301-619-3242, or email usammafluvaccine@amedd.army.mil for assistance. The requisitions should be ordered via the USAMMA website and the unit/state is responsible for the funding.

m. Within 30 days following the conclusion of the immunization cycle, unused vaccines not authorized by formulary that are:

(1) Unit-of-issue quantities will be turned in to the USPFO.

(2) Other-than-unit-of-issue quantities, will be destroyed IAW the guidance in the current *AR 40-61* and the *MIDI*, or turned in to the USPFO for destruction.

n. USPFO and other SSAs will process requisitions for FSC 6505 items only if they are listed on valid formularies. Units drawing FSC 6505 materiel from SSAs other than USPFO must present a copy of their formulary, approved by the State Surgeon, to that SSA.

o. Requirements for non-formulary FSC 6505 items may be processed as follows:

(1) Request an addition to the formulary.

(2) Write a prescription to be filled at a TMC, military hospital, or local civilian pharmacy. (Health care personnel must ensure that the USPFO-approved funding arrangement exists prior to obtaining pharmaceuticals from a civilian pharmacy.)

4-5. ACCOUNTING FOR PHARMACEUTICALS

a. Unit-of-issue quantities may be accounted for on DA Form 3862 (*Controlled Substances Stock Record*) or DA Form 1296 (*Stock Accounting Record*) or current electronic equivalent at the option of the Unit/Activity. Generally, Units with only small quantities of pharmaceuticals on hand will find it simpler to account for both unit-of-issue and less-than-unit-of-issue quantities on the same DA Form 3862. Local computer generated forms that include the pertinent information are acceptable when DA Form 1296 or TAMMIS / TCAM is unavailable

b. Less-than-unit-of-issue quantities will be accounted for as follows:

(1) Topical preparations and IV solutions - no requirement.

(2) Controlled substances - DA Form 3862.

(3) Legend pharmaceuticals, less topical preparations and IV solutions - DA Form 3862.

(4) Non-legend pharmaceuticals - no requirement unless specified in the formulary.

c. Prescriptions (DD Form 1289, DoD Prescription):

(1) Required for all controlled substances and legend drugs.

(2) Retained and disposed of by the unit or facility filling them.

(3) Retention period - 5 years, (*AR 25-400-2*, The Army Recordkeeping (ARMS))

(4) Subject to inspection.

d. Inventories of FSC 6505 materiel will be conducted:

(1) During the last three days of the Annual Training (AT) period, the medical activity Commander will appoint a disinterested officer to perform the duty of inventories. If officer personnel are not available, a senior Noncommissioned Officer (E7 or above) may be appointed as Inventory Officer. The Appointed Duty Officer will:

(a) Compare the document register with DA Form 3862 and 1296, to ensure receipts have been posted to DA Forms 3862 and 1296.

(b) Inventory pharmaceuticals listed on DA Form 3862 and DA Form 1296, entering results on the forms.

(c) Reconcile prescriptions (DD Form 1289) with entries on the DA Form 3862.

(d) Comply with the provisions of appropriate regulations if discrepancies are noted:

[1] Minor shortages of FSC 6505 materiel, less Notes Q and R materiel will be investigated

[2] Shortages of Notes Q and R materiel and major shortages of other FSC 6505 will be investigated through conduct of an AR 15-6 investigation or initiation of a Report of Survey.

(2) Within 60 days following completion of AT:

(a) Forward to the State Surgeon a copy of the formulary annotated with the quantity of each item consumed during AT. Keep another copy; it will be valuable in deciding what to order for the following AT period.

(b) Forward to the State Surgeon fully justified requests for addition to or deletion from the formulary.

(3) 150-210 days prior to AT inventory:

(a) Reconcile DA Form 3862.

(b) Determine AT requirements and forward requirements/ requisitions to the source of supply, or as directed by higher headquarters.

(4) Management of controlled substances to include inventories will be conducted IAW AR 40-61.

(5) Stockage levels for AT support should be established, taking into consideration consumption during previous AT periods.

4-6. RETENTION OF FSC 6505 MATERIEL FOLLOWING ANNUAL TRAINING (AT)

a. All Note R and Q controlled substances (DEA Schedule II, III, IV and V) will be turned in within 30 days following conclusion of the AT period with the exception of the CST and CERFP. The CST and CERFP maintain these controlled drugs year-round.

b. Unit-of-issue quantities of all items, authorized for IDT use, unlikely to be consumed prior to expiration will be turned in (as directed by the USPFO) to the supporting IMSA within 30 days following the conclusion of AT.

c. It is recommended that unit-of-issue quantities of all FSC 6505 items unlikely to be used prior to the following AT period, be turned in (as directed by the USPFO) to the supporting IMSA.

4-7. QUALITY CONTROL MESSAGES

a. Potency-dated/quality-control records will be maintained IAW AR 40-61.

b. USPFO will expeditiously distribute all Type I Medical Materiel Quality Control messages (DOD-MMQC) to all medical elements. Class VIII Commodity Managers are permitted to maintain an electronic MMQC message file whereas to document a MMQC distribution audit trail.

c. Activities/Units may obtain programs that are Army specific MMQC messages, DOD-MMQC messages or Shelf-Life Extension Program messages, by using the USAMMA's web site on the Internet. The web site address <http://www.usamma.army.mil>. Click on DOD Medical Materiel Quality Control Program and follow prompts.

d. Recall messages are classified as follows:

(1) CLASS I: A situation in which there is a reasonable probability that use of, or exposure to, a dangerous product will cause serious adverse health consequences or death.

(2) CLASS II: A situation in which the use of or exposure to a dangerous product may cause adverse health consequences.

(3) CLASS III: A situation in which the use of, or exposure to, a dangerous product is not likely to cause adverse health consequences.

4-8. DESTRUCTION OF DEFECTIVE OR EXPIRED MATERIEL

a. Unless an exception is granted by the USPFO, units will turn in (as directed by the USPFO) FSC 6505 materiel to be destroyed on DA Form 3161, annotated (*Unserviceable For Destruction*). Exceptions may be granted to medical elements with the capability to properly destroy unserviceable FSC 6505 materiel.

b. USPFOs are encouraged to turn in unserviceable materiel to the supporting IMSA for destruction.

c. Proper destruction of unserviceable FSC 6505 requires the use of, among other references; different types of pharmaceuticals require different methods of destruction. Destruction must be documented IAW the provisions of *AR 40-61*, Chapter 4.

CHAPTER 5. REQUISITIONING

5-1. EQUIPMENT ACQUISITION IN MEDICAL TOE UNITS

a. The type of funding used to acquire medical equipment will determine specific procedures for requesting and managing items. Medical equipment authorized for MTOE units is obtained through one of the following funding programs:

(1) Other Procurement, Army (OPA)-funded capital investment equipment, can be identified by a Materiel Category Structure Code (MCSC) of CQ.

(a) Central programming of OPA-funded capital investment equipment requirements is based on fielding plans for newly introduced equipment, data from balances on hand in the inventory, distribution plans, and projections of replacement requirements. USAMMA has control of the OPA funding.

(b) All OPA-funded capital investment equipment for MTOE units will be identified as regulated medical items AAC A or provisioned medical equipment items, AAC W.

(2) Operation & Maintenance, Army (OMA), OMNG for the National Guard, funds Medical/Dental Equipment Sets (MES/ DESs). OMNG-funded expense equipment can be identified by a MCSC of C2. Individual item replacement for the MES equipment and supply components will be OMNG funded.

b. Requisitions for service-regulated, stock-funded (OMNG) medical equipment, identified by AAC A, J, W and C2, will be submitted on a DD Form 1348-6 (DOD Single Line Item Requisition System Document). The requisitions should be submitted offline.

c. The requisition(s) will be submitted to the USPFO. USPFO assigns funds for OMNG-funded items and e-mail scanned requisition(s) to USAMMA, Assembly Management Division and copy NGB-ARS (Health Services Materiel Officer). For follow-up or additional information, contact:

d. Combat Lifesaver Bags: Combat Lifesavers should be funded by the units/states. Funded DD1348-6 Requisitions for Combat Lifesaver Bags are fax to the USAMMA, ATTN: MMO-SP (Production/Assembly Division), fax DSN 343-2270 or commercial 301-619-2270.

The USAMMA Production/Assembly Division DSN 343-4385 COMM 301-619-4385 FAX 301-619-2270	Chief, National Guard Bureau ATTN: NGB-ARS (Health Services Materiel Officer) 111 South George Mason Drive Arlington VA 22204-1382 COMM 703-607-9164 FAX 703-607-7187
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- e. Table 5-1 provides guidance on completing the DD Form 1348-6.

TABLE 5-1. INSTRUCTIONS FOR PREPARING AND SUBMITTING REQUISITIONS FOR PA-/STOCK-FUNDED TOE REQUIREMENTS

CARD COLUMN	FIELD LEGEND	INSTRUCTIONS
1-3	DIC	AOE, ADA, or AOI
4-6	RIC	Enter B69
7	Media and Status	Enter appropriate code
8-22	NSN	Self-explanatory
23-24	Unit of Issue	Self-explanatory
25-29	Quantity	Self-explanatory
30-43	Document Number	Self-explanatory
44	Demand Code	Enter "N"
45-50	Supplementary Address	Self-explanatory
51	Signal Code	Enter A, B, J or K
52-53	Fund code	Enter GA for PA-funded or 92 (9 is for FY 99), for Stock-funded
54	Distribution	Enter U
55-56	Type Requirement	Enter appropriate code
57-59	Project Code	Blank or appropriate code
60-61	Priority	Enter appropriate code
62-64	Required Delivery Date	Leave Blank
65-66	Advice Code	Blank or appropriate code
67-80	Blank	Leave Blank

5-2. EQUIPMENT ACQUISITION IN TDA MEDICAL ACTIVITIES

a. Requirements for PA (Procurement Appropriation)-funded medical equipment not authorized by MTOE will be acquired through the Medical Care Support Equipment (MEDCASE) process with a price of \$100,000 or more.

b. Submission of MEDCASE requests shall be in accordance with the specifications stated in *SB 8-75-MEDCASE*.

CHAPTER 6. UNIT INSPECTION CHECKLISTS

6-1. ANNUAL GENERAL INSPECTION (AGI) - MEDICAL LOGISTICS

a. Commanders of ARNG medical units, medical activities, and medical elements of non-medical units who focus their efforts on the guidance provided in this chapter will be able to effectively manage medical logistics within their units. By devoting special attention to the three items listed below, you will be able to successfully prepare for the medical logistics portion of an AGI inspection.

- (1) Management of pharmaceuticals and injection devices.
- (2) Management of medical assemblages (sets).
- (3) Medical equipment maintenance.

b. The three checklists provided in this chapter permit medical units and medical elements of non-medical units to perform self-assessment/self-correction in these areas.

6-2. USE OF INSPECTION CHECKLISTS

- a. NGB strongly recommends the use of the Checklist Tables found in this chapter.
- b. The Checklists are identified as:
 - (1) Table 6-1. Inspection Checklist for Pharmaceuticals and Injection Devices (pages 6-3 through 6-5).
 - (2) Table 6-2. Inspection Checklist for Management of Medical Assemblages (pages 6-7 through 6-8).
 - (3) Table 6-3. Inspection Checklist for Medical Equipment Maintenance (pages 6-9 through 6-11).

TABLE 6-1. INSPECTION AND CHECKLIST FOR PHARMACEUTICALS AND INJECTION DEVICES

Units	TMC	Supply Support Activity	ITEM(S)
X	X		1. Unit-of-issue quantities of legend pharmaceuticals, to include controlled substances but not including topical preparations, are accounted for on DA Form 1296* or DA Form 3862** or computer generated equivalent form. (SB 8-75-S10)
X	X	X	2. Less than unit-of-issue quantities of controlled substances and legend pharmaceuticals (other than topical preparations) are accounted for on DA Form 3862. (SB 8-75-S10)
X	X		3. Prescription forms or DA Form 3161*** are available to support entries on DA Form 3862 for expenditures of controlled substances and other legend pharmaceuticals, less topical preparations. (SB 8-75-S10)
X	X		4. Prescription files (913-02) have been retained for two years by the unit or facility filling the prescription. (SB 8-75-S10)
X			5. Note "R" controlled substances are not on hand other than to support annual training. Turn-in of remaining stocks is accomplished within 30 days of the completion of AT. (SB 8-75-S10, Para 3-52 f). Civil Support Teams (CST) and CBRNE Enhanced Force Package (CERFP) are required to maintain year round based upon the CST approved formulary.
X	X		6. Note "R" controlled substances are stored in a locked vault at all times when personnel are not present in the area of the container. For small quantities, storage may be in an approved safe. (AR 190-51)
	X		7. Note "R" controlled substances are stored in a vault, safe, or GSA class 5 steel cabinet. If a safe or cabinet weighing less than 750 lbs is used, it will be attached to a permanent structure. (AR 40-61 and AR 190-51)
	X		8. Note "Q" controlled substances are stored in a safe, vault, locked cage, or secured room with access limited to selected individuals. (AR 40-61 and AR 190-51)
X			9. Aviation Survival Kits, complete with controlled substances, at unit level will normally be in the possession of personnel authorized kits for aviation operations and will be secured in the same manner as prescribed for other aviation life-support equipment, such as a locked room, cage, or individual locker. Controlled items must be in the survival kits at all times to ensure availability for use by crewmembers in the event of emergency survival (AR 40-61)

* DA Form 1296, Stock Accounting Record

** DA Form 3862, Controlled Substance Stock Record

*** DA Form 3161, Request for Issue or Turn-In

(continued) TABLE 6-1. INSPECTION CHECKLIST FOR
PHARMACEUTICALS AND INJECTION DEVICES

Units	TMC	Supply Support Activity	ITEM(S)
X	X		10. Note "Q" controlled substances and sensitive items are stored in a locked container that is locked at all times except during inventory, restocking, drug preparation, and injection operations or patient-care tasks, where a responsible medical facility staff member is physically present to control the custody and use of the protected items. (AR 190-51)
	X	X	11. Syringes and needles are stored in a container which is locked at all times except during inventory, restocking, drug preparation and injection operations, or patient-care operations where a responsible facility staff member is physically present to control custody and use of the protected items. (AR 190-51)
X	X	X	12. A quality control file is maintained for FSC 6505/08 items. (SB 8-75-S10)
X	X		13. Controlled substances in aviation survival kits will be inventoried every 120 days by the aviation life support equipment technician who conducts the periodic inspection of the complete kit and recorded on DA Form 1296 or a locally approved form. (AR 40-61)
X	X	X	14. An inventory of all Note R and Q controlled items, except components of aviation survival kits on hand in aviation units, will be conducted monthly. The inventory officer will authenticate the balance on stock accounting records at the storage locations for each line item inventoried. This will be done by a separate line entry on DA Form 1296, consisting of date, the abbreviation "INV", quantity on hand, and legible payroll signature. (AR 40-61)
X	X	X	15. All controlled substances inventories are performed by a disinterested officer, senior NCO, or civilian GS-7 or above designated by the commander. The same individual will not be assigned to inventory two consecutive months. (AR 40-61)
		X	16. Controlled substances are recorded on DA Form 1296 located at the storage site. (AR 40-61)
X			17. No controlled substances, potency- dated drugs, or items requiring refrigeration are on hand as components of medical assemblages. (They may be acquired to support field training but not to constitute components of a medical assemblage. (AR 40-61)
X	X	X	18. Unopened unit-of-issue packages of all items unlikely to be consumed before their expiration dates are turned in as directed by the USPFO to the supporting IMSA within 30 days following the conclusion of AT. (SB 8-75-S10)

(continued) TABLE 6-1. INSPECTION CHECKLIST FOR
PHARMACEUTICALS AND INJECTION DEVICES

Units	TMC	Supply Support Activity	ITEM(S)
X	X		19. All pharmaceuticals (FSC 6505 materiel) on-hand are listed on a formulary for the unit or activity. The State Surgeon has approved the formulary. (SB 8-75-S10)
			20. All issues of FSC 6505 materiel processed by USPFO or other Supply Support Activity (SSA) have been edited against unit formularies, which have been approved by the State Surgeon. Formularies are on hand in the stock control branch of the USPFO. (SB 8-75-S10)
X			21. DA Forms 1296 and 3862 on-hand in the unit reflect an inventory conducted during the last three days of the AT period. (SB 8-57-S10)
X			22. Within 60 days following the completion of AT, the unit forwards to the State Surgeon a copy of its formulary annotated with the quantities of items consumed during AT. (Inspector: Check for a file copy in the unit's files.) (SB 8-75-S10)
X	X	X	23. USAMMA DOD-MMQC messages are being received and a record of those messages is being maintained.
		X	24. Type I DOD-MMQC (quality control) messages have been expeditiously distributed to all State safety offices and all medical elements. (AR 40-61)
X			25. A log (may be electronic) of Type I DOD-MMQC messages reflecting Date Received, Message Number, NSN, Nomenclature, Action Required and Remarks, is maintained. (AR 40-61)
		X	26. All DOD-MMQC quality control messages are distributed to ARNG training sites operating troop medical clinics and DMSOs. (AR 40-61)
X	X	X	27. Stocks of suspended or unserviceable medical materiel have been physically segregated from serviceable stocks and identified as unserviceable or suspended stocks. (AR 40-61)
X	X	X	28. If the unit or activity has destroyed unserviceable medical materiel, there is on-hand the MIDI with a properly executed DA Form 3161 documenting the destruction. (SB 8-75-S10)

**TABLE 6-2. INSPECTION CHECKLIST FOR
MANAGEMENT OF MEDICAL ASSEMBLAGES**

Units	TMC	Supply Support Activity	ITEM(S)
X	X		1. A property book header page is prepared for each major medical assemblage.
X	X		a. Receipt, issue, and on-hand-balance postings will not be made to the header. On-hand quantities will be posted in pencil.
X	X		b. On the reverse side, the assembly order control number, if assigned,
			2. Pages listing components:
X	X		a. A separate property book page for each non-expendable component of the assemblage will follow the header page.
X	X		b. Each page will be annotated "Component of LIN _____" in the "authority" block.
X	X		3. Shortages of controlled substances will be accounted for on DA Form 2062*.
X	X		4. Medical assemblage components, including those with ARC of X or D (expendable or durable), have been inventoried at least once every 12 months. (AR 40-61)
X	X	X	5. Units using manual procedures will use DA Form 4998-R** for each expendable and durable item in the assemblage. This form is used to manage both quality control and informal accountability functions. (AR 40-61)
X	X	X	a. All entries on the Form except NSN, description, and unit of issue, should be in pencil.
X	X	X	b. Form should contain entries in at least "lot or batch number", "expiration date by lot or batch number", and "manufacturer and contract number" (if available), and columns, if any materiel is on hand.
			6. Division Medical Supply Officer (DMSO):
X			a. Maintains informal records for each item for which demands are expected using DA Form 1296. (AR 40-61)
X			b. Maintains DA Form 4998-R** for each shelf-life item for which demands are expected. (AR 40-61)
X	X		7. Shortages in medical assemblages (except controlled substances, shelf life, potency & dated and refrigerated items) are on requisition. (AR 40-61, Para 3 & 5-5)

*DA Form 2062, Hand Receipt/Annex Number

**DA Form 4998-R, Quality Control and Surveillance Record for TOE Medical Assemblage

(continued) TABLE 6-2. INSPECTION CHECKLIST FOR
MANAGEMENT OF MEDICAL ASSEMBLAGES

Units	TMC	Supply Support Activity	ITEM(S)
	X		8. Unit is using the most current component listing for inventory purposes.
			NOTE: The only acceptable component listings for multi-service (minor) medical assemblages are the DoD Medical Catalog, or a copy of a current NGB component listing. The only acceptable component listing for service-unique (major) medical assemblages is current NGB component listings and, Unit Assemblage (UA) listings issued by the USAMMA. If the NGB component listing or UA listing is older than one year, it is probably obsolete. (AR 40-61)
X			9. Unit is maintaining DA Form 2765*** (completed with the exception of document number, RIC, cost detail account number, price, project code and priority) for all controlled substances, shelf-life items, and Items requiring refrigeration which are short on on-hand sets. (FORSCOM Regulation 500-3-3,page 66 15 Jul 99) NOTE: Shelf-life items are those with an entry other than "O" in the SLC column of the AMDF.

*** DA Form 2765, Request for Issue or Turn-In

**TABLE 6-3. INSPECTION CHECKLIST FOR
MEDICAL EQUIPMENT MAINTENANCE**

Units	TMC	Supply Support Activity	Items
X	X		1. Organization has identified the medical equipment which requires periodic maintenance by reference to DA SB 8-75-S2/-S6/-S8 or the materiel fielding plan for the medical equipment set (SB 8-75-S10, para 3-4)
X	X		2. DA Form 2409 [*] is maintained on each item of medical equipment requiring periodic maintenance. (TB 38-750-2 and SB 8-75-S10, para 3-4)
X	X		3. DA Form 314 ^{**} is maintained for all items of medical equipment requiring maintenance. (TB 38-750-2, para 2-2)
X	X		4. Unit has on-hand or on request TB 38-750-2 and the TM or manufacturer literature for each item of medical equipment that requires periodic maintenance. (SB 8-75-S10, para 3-6)
X	X		5. The organization knows how to secure medical equipment maintenance support for required preventive maintenance services or repair beyond the Unit's organic capabilities. (SB 8-75-S10, para 3-2)
X	X		6. There is evidence the Unit Commander has monitored the Unit's medical equipment maintenance. (AR 40-61)
X	X		7. Unit medical equipment appears to be receiving operator maintenance (it is clean, operable, free of obvious defects, etc.).
X	X	X	8. Organization receives, registers, and observes all sequentially numbered USAMMA, DOD-MMQC quality control messages. (AR 40-61)
X	X	X	9. The organization receives the SB 8-75 series from pinpoint distribution. (AR 40-61)
	X		10. State has published and distributed a medical equipment maintenance plan or SOP containing the following descriptive elements:
	X		a. How to determine which on-hand medical equipment requires periodic maintenance.
	X		b. How to obtain manufacturer literature on each type of medical equipment requiring periodic maintenance and not covered by a TM.
	X		c. A list of publications pertaining to medical equipment maintenance which should be on hand at Unit level.
	X		d. Specification of maintenance forms to be maintained at Unit level or of the publication that specifies those forms.
	X		e. Specification of a point-of-contact from which to request medical maintenance (preventive or repair) support beyond a unit's capability.
			f. Listing and prioritizing of sources of medical maintenance support available to units, OMSs and CSMSs.
	X		g. Specification of command responsibility or supervision of medical equipment maintenance.

^{*} DA Form 2409, Equipment Maintenance Log

^{**} DA Form 314, Preventive Maintenance Schedule and Record

(continued) TABLE 6-3. INSPECTION CHECKLIST FOR
MEDICAL EQUIPMENT MAINTENANCE

Units	TMC	Supply Support Activity	Items
X			h. Specification of procedures to ensure that medical equipment maintenance is monitored during formal and informal inspections and visitations to monitor surface maintenance.
X			i. Specification of a point of contact for medical equipment maintenance within the Surface Maintenance Manager's Office.
	X		11. Nonmedical maintenance inspectors visiting units with medical equipment. (AR 40-61)
X	X		a. Inspect medical maintenance records for completeness and notation of completion of required preventive maintenance.
X	X		b. Check the availability of technical manuals or manufacturer literature on medical equipment that requires periodic maintenance.
X	X		c. Evaluate the serviceability of a small quantity of medical equipment using TMs and manufacturer literature.
	X		d. Report results of their observations.
			12. Installed x-ray apparatus:
X	X		a. Has been serviced annually by a qualified medical equipment repairer (See Table 3-1)
X	X		b. Facilities have had a radiation protection survey within the past 3 years. (TB Med 521)
X	X		13. Audiometers are being calibrated annually . (AR 40-61) (TB 8-6515-001-35 para 2-1)
X	X		14. Audiometric booths have been tested for compliance with TB 750-8-2 when installed or when deterioration in the test environment is suspected. (AR 40-61)
X	X		15. Defibrillators have been performance tested semiannually. A DA Label 175* is affixed and a DA Form 5624-R** provides a record of the results of the evaluation. (AR 40-61)
X	X		16. There is evidence that electrical operated medical has been tested annually, and upon completion of any electrical repairs for current leakage and ground resistance, notified in accord with limits specified in NFPA Standards 99, Chapters 8 and 9. (AR 40-61)
X			17. D to D+60 units authorized MOS 91A medical equipment repairer, have on hand or on order, mandatory parts list repair parts to support equipment in their units and in subordinate units for which they have a doctrinal medical equipment maintenance support mission. (SB 8-75-S10, Para 3-13) (DA PAM 710-2-1)

*DA Form 175, Defibrillator Energy Output Certification

**DA 5624-R DC Defibrillator Inspection Record

(continued) TABLE 6-3. INSPECTION CHECKLIST FOR
MEDICAL EQUIPMENT MAINTENANCE

Units	TMC	Supply Support Activity	Items
X	X		18. DD Form 2163 ^{***} records the calibration/ verification/certification (CVC) services and is affixed to all equipment requiring CVC services. This includes all audiometers, centrifuges, defibrillators, electrocardiographs, anesthesia apparatus, thermoregulators, etc. (TB 38-750-2) (AR 40-61)
X	X		19. There is evidence that the Unit's medical maintenance TMDE is listed on the State's calibration program and that the Unit commander has appointed a Calibration Monitor. (SB 8-75-S10, para 3-3)
X	X		20. Ensure compliance of x-ray verification, certification and corrective action taken in conjunction with CVC of x-ray equipment by maintaining DD Form 2164 ^{****} with equipment maintenance log. (TB 38-750-2 para 2-13)

^{***} DD Form 2163, Medical Equipment Verification/Certification^{****} DD Form 2164, X-ray Verification/Certification Worksheet

APPENDIX A. REFERENCES

AR 11-1, Command Logistics Review Program (CLRP)
AR 11-9, The Army Radiation Safety Program
AR 25-1, Army Knowledge Management and Information Technology Management
AR 25-400-2, The Army Records Information Management System (ARIMS)
AR 40-3, Medical, Dental, and Veterinary Care
AR 40-5, Preventive Medicine
AR 40-10, Health Hazard Assessment Program in Support of the Army Material Acquisition Decision Process
AR 40-38, Clinical Investigation Program
AR 40-60, Policies and Procedures for the Acquisition of Medical Materiel
AR 40-61, Medical Logistics Policies
AR 40-68, Quality Assurance Administration
AR 70-1, Army Acquisition Policy
AR 190-51, Security of Unclassified Army Property (Sensitive and Nonsensitive)
AR 220-1, Unit Status Reporting
AR 700-68, Storage and Handling of Liquefied and Gaseous Compressed Gasses and Their Full and Empty Cylinders
AR 700-138, Army Logistics Readiness and Sustainability
AR 700-142, Materiel Release, Fielding, and Transfer
AR 750-1, Army Materiel Maintenance Policy
CTA 8-100, Army Medical Department Expendable/Durable Items
CTA 50-909, Field and Garrison Furnishings and Equipment
DA PAM 710-2-1, Using Unit Supply System (Manual Procedures)
SB 8-75 SERIES, Army Medical Department Supply Bulletins
SB 8-75 MEDCASE, Army Medical Department Supply Information
TB 8-6515-001-35, Calibration and Repair of Audiometric Equipment
TB 38-750-2, Maintenance Management Procedures for Medical Equipment
TB 43-180, Calibration and Repair Requirements for the Maintenance of Army
TB MED 1, Storage, Preservation, Packaging, Packing, Maintenance, and Surveillance of Materiel-Medical Activities
TB MED 521, Occupational and Environmental Health: Management and Control of Diagnostic, Therapeutic, and Medical Research X-Ray Systems and Facilities
TB MED 750-1, Operating Guide for Medical Equipment Maintenance

APPENDIX B. AMEDD MAINTENANCE SUSTAINMENT PROGRAM

B-1. THE ARMY MEDICAL DEPARTMENT (AMEDD) MAINTENANCE SUSTAINMENT PROGRAM

a. The purpose is to provide an overview on a new initiative to provide and monitor sustainment maintenance for TOE organizations with medical equipment.

b. The AMEDD Maintenance Sustainment Program will provide adequate and essential Direct Support/General Support (DS/GS) medical maintenance to COMPO 1, 2, and 3 units. The program is an OTSG/MEDCOM initiative with the USAMMA Maintenance Engineering and Operations Directorate (MEOD) as the action office. Once implemented, USAMMA will have operational responsibility for the program and act as the focal point for all TOE medical equipment maintenance. The OTSG/MEDCOM will establish policy and provide strategic guidance and oversight.

c. The overall objectives of the AMEDD Maintenance Sustainment Program are to:

- (1) Increase readiness by ensuring TOE medical equipment is mission capable;
- (2) Provide visibility of medical equipment status for the Total Army;
- (3) Increase flexibility to cross-level DS/GS sustainment maintenance workload;
- (4) Establish sustainment training for medical equipment repairers;

(5) Provide a maintenance structure that will accommodate any medical maintenance-related initiative; and

(6) Increase maintenance capability by ensuring efficient use of all maintenance resources.

d. The USA MEDCOM has identified that adequate sustainment maintenance is not being performed for medical equipment in Active and Reserve Component units and has tasked the USAMMA Maintenance Directorate with the development and implementation of the AMEDD Maintenance Sustainment Program. The current AMEDD system for maintaining TOE medical equipment is unstructured and disjointed with no central focal point or clear levels of responsibility. Sustainment maintenance is fragmented, duplicative, and the overall status of medical equipment is unknown. Much of the TOE medical equipment is currently being maintained on an ad hoc basis or is not being maintained at all. Some units are not aware of where to get their next level of maintenance.

e. The AMEDD Sustainment Maintenance Program will provide units with one-stop shopping and the MACOMS with continual visibility of medical equipment status. DS/GS maintenance support will be provided by the USAMMA Maintenance Divisions, MEDLOG Bns, TDA MTFs, and RTS-MEDs. Every Army TOE unit with medical equipment requiring medical maintenance support will have one point of contact for all of their medical equipment maintenance requirements.

f. While the program will be responsive to units with organic maintenance capability, it will also provide proactive support to units that lack medical equipment maintainers. USAMMA will maintain a listing of all medical units that require maintenance support due to the lack of medical equipment maintainers. The USAMMA will be responsible for assembling supporting data and programming dollars to fund the AMEDD Maintenance Sustainment Program.

(continued) APPENDIX B. AMEDD MAINTENANCE SUSTAINMENT PROGRAM

g. As one of the first steps to this program and to better support any immediate medical maintenance requirements, we have regionalized the USAMMA Depot-level activities as follows:

Medical Maintenance Operations Division, Tobyhanna, PA			
Alabama	Maryland	Ohio	Virginia
Connecticut	Maine	Pennsylvania	Virgin Islands
District of Columbia	North Carolina	Road Island	Vermont
Florida	New Hampshire	Puerto Rico	West Virginia
Georgia	New Jersey	South Carolina	
Massachusetts	New York	Tennessee	

Medical Maintenance Operations Division, Tracy, CA			
Mississippi	New Mexico	Texas	Hawaii
California	Nevada	Oregon	Arkansas
Arizona	Oklahoma	Washington	Louisiana

Medical Maintenance Operations Division, Hill Air Force Base, UT			
Alaska	Iowa	Missouri	Utah
Colorado	Kansas	Montana	Wisconsin
Idaho	Kentucky	Nebraska	Wyoming
Illinois	Michigan	North Dakota	
Indiana	Minnesota	South Dakota	

a. The point of contact for TOE organizations within the Tobyhanna Region is DSN 795-7744; commercial 570-895-7744.

b. The point of contact for TOE organizations within the Tracy Region is DSN 462-4556; commercial 209-839-4556.

c. The point of contact for TOE organizations within the Hill Region is DSN 586-4947; commercial 801-586-4947.

APPENDIX C. CENTRALIZED CLASS VIII REPAIR PARTS PROGRAM

**THE US ARMY MEDICAL MATERIEL AGENCY (USAMMA)
CENTRALIZED CLASS VIII REPAIR PARTS PROGRAM**

1. Repair parts for medical equipment encompass those components, supplies, and other materials necessary to facilitate unit and higher-level maintenance support of medical equipment. Medical equipment repair parts, though normally Class VIII or Class IX items, can include all supply classes where such parts or materials are required to perform maintenance services or equipment repairs to return an item to a fully mission capable status (FMC). Class VIII repair parts do not include accessories or consumable supplies, i.e., pipettes, operator replaceable tubing or batteries, jars or collection containers, etc., which should be provided and funded as part of the organizations' Unit Level maintenance program.

2. The US Army Medical Materiel Agency (USAMMA) operates a centralized medical repair parts program for Army organizations resourced within the authority of Modified Table of Organization & Equipment (MTOE). The purpose of the program is to provide an adequate and responsive Class VIII repair parts support contingency to support AMEDD MTOE organizations. The necessity to execute and manage a centrally managed Class VIII repair parts program within the AMEDD, particularly for MTOE organizations, is required and essential to ensure deployable organizations with medical equipment are FMC upon deployment to support contingencies and combat operations.

3. The program's objective is to make available to organizations with a field or sustainment maintenance capacity, the repair parts necessary to sustain deployable medical equipment in a FMC status. It has been determined that a contributing factor to TOE organizations not having an effective medical maintenance program has been the inability of repairers to obtain parts needed to maintain the unit's medical equipment.

a. Prevalent problems associated with the Class VIII repair parts process include parts no longer available from original equipment manufacturer (OEM) and a lack of standardization causing supply chain unresponsiveness, both of which result in frequently rejected parts requests at the local level.

b. Utilization of in-house medical maintenance expertise within the supply chain has proven to reduce many repair parts difficulties. Moreover, the availability of a robust inventory of existing assets and a depot level cannibalization point, coupled with 25K Credit Card Authority, has proven to significantly improve repair parts supply chain responsiveness and customer satisfaction.

c. Measurable benefits realized at the unit level, above and beyond the availability of class VIII repair parts to support a comprehensive medical maintenance program, are reduced costs associated with minimum order requirements, as well as a reduction in man-hours required for investigation and research.

d. Additionally, the centrally managed Class VIII repair parts program facilitates the development of a central source of supply with a comprehensive information repository capable of providing invaluable repair parts utilization data to build push packages to support contingency operations.

4. The Centralized Class VIII Repair Parts Program is not intended to provide initial supply or resupply of PLL stocks and/or inventories.

5. Management of USAMMA's centralized medical materiel repair parts program will be in accordance with the following Regulations:

*AR 710-1, Centralized Inventory Management of the Army Supply System;
AR 710-2, Inventory Management Supply Policy Below the Wholesale Level;
AR 40-61, Medical Logistics Policies and Procedures;
DA PAMs 710-2-1 and 710-2-2.*

6. The Centralized Class VIII Repair Parts Program will provide sustainment level maintenance repair parts support to Army MTOE organizations. Funding for repair parts support differs depending on whether the organization is operating in garrison as opposed to operating in contingency operation. In addition to the unit's operating status, funding is also dependant on the unit's component.

a. Contingency Operations. Due to extreme conditions, as well as the extraordinary operation tempo associated with contingency operations, the Department of Defense allocates separate operating budgets "theater dollars" to support contingency operations. The US Army Medical Materiel Agency Centralized Class VIII Repair Parts Program will provide any and all repair parts support requested on a prepaid by theater or reimbursable basis for MTOE units in contingency operations.

b. Garrison Operations. Funding for Repair Parts Support of MTOE units operating in garrison (not contingency operations) is further defined as follows:

(1) Non-reimbursable (Sustainment Maintenance Program)

(a) **COMPO 1** (Active Army). Repair parts support for active Army MTOE organizations includes all direct, general, and depot level maintenance parts and support requirements while the organization is in garrison.

(b) **COMPO 2** (National Guard). Repair parts support for Army National Guard organizations includes all direct, general, and depot level maintenance parts and support requirements while the organization is in garrison.

(c) **COMPO 3** (Army Reserve).

1) Reserve Component Hospital Decrement (RCHD). Repair parts support for the USAMMA managed RCHD program includes all direct, general, and depot level maintenance parts and support requirements while the equipment is in USAMMA's charge.

2) Mission Essential Equipment Training (MEET) and Clinically Operational Equipment Sets (COES). Repair parts support for the USARC managed MEET and COES equipment includes only depot level maintenance support parts requirements. Medical repair parts that are no longer available from commercial sources are the only exception. All repair parts excluding depot level maintenance support parts requirements and parts no longer available from commercial sources should be obtained through the unit's supporting Regional Training Site, Medical (RTS-Med).

(2) Reimbursable/Prepaid (Unit/MACOM Funded)

COMPO 6 (Army Prepositioned Stocks {APS}) All repair parts support for APS medical equipment must be funded by the APS program on a reimbursable or prepaid basis. The exception is APS that has been handed off to a unit participating in contingency operations, for which funding is provided by the theater.

7. Class VIII Repair Parts Support Request Procedures

a. Typically, the medical maintenance support structure should coincide with the medical supply support structure. Medical maintenance personnel should attempt to utilize established supply channels to the maximum extent possible. Appropriate use of the supporting supply channel, i.e., MEDLOG, IMSA, SMLIM, assists in establishing consequential and future logistical support requirements.

b. Installation Medical Supply Activities (IMSAs) and Medical Logistics Battalions/Companies (MEDLOGs) providing sustainment level medical maintenance support should consider contacting USAMMA directly to obtain repair parts support.

c. Likewise, unit level maintenance organizations, which due to locality are experiencing difficulty or delays with conventional supply channels to the extent that equipment or unit readiness is significantly impacted, may consider contacting USAMMA to obtain repair parts support.

d. For sustainment level medical maintenance repair parts support, call the USAMMA Maintenance Depot at Hill Air Force Base, Ogden, UT, at 801-586-4947; DSN 586-4948.

APPENDIX D. USAMMA LOGISTICS ASSISTANCE PROGRAM, MEDICAL MAINTENANCE SUPPORT AND QUESTIONNAIRE

D-1. The USAMMA Force Sustainment Directorate is in the process of revising its Logistics Assistance Program. The program is designed to assist medical TOE organizations with identifying logistics management concerns and solutions.

D-2. The follow is an excerpt from the program's questionnaire that addresses medical maintenance specific issues, concerns, and information. The web-based questionnaire can be accessed at the USAMMA home-page. The web-based questionnaire also includes **links** to separate pages containing information specific to all your TOE medical maintenance needs.

QUESTIONNAIRE

Are you confident that your unit's medical equipment is maintained and reliable enough to save your life when needed?

1. Has the Unit Commander published a directive emphasizing the importance of and delineating leaders' and supervisors' responsibilities to ensure an effective unit level medical equipment sustainment program is established and maintained?

1.1. Are equipment operators (users) performing routine PMCS of the unit's medical equipment?

2. Does your unit have assigned medical equipment repairers (MOS 68A) responsible for your unit's medical equipment maintenance program? (If "NO" skip to question "3".)

2.1. Does the medical maintainer have Standard Operating Procedures (SOP) (Internal and External) outlining the responsibility of the maintenance personnel, as well as the equipment operators'/supervisors' responsibilities, to ensure maintenance significant medical equipment is maintained to 10/20 standard and FMC? Sample Medical Maintenance SOP can also be found in **SB 8-75-11; APP C**. http://www.usamma.army.mil/SB/S11/appendix_C.pdf

2.2. Do the assigned medical maintenance repairers have the appropriate Medical Maintenance Equipment and Repair Tool Kits?

Repairman's (1 per 68A)	W45334	YES	NO
Organizational	W45197	YES	NO

2.3. Do the medical maintenance repairers have the appropriate Test, Measurement, and Diagnostic Equipment (TMDE) and service kits to perform their medical maintenance mission?

2.3.1. Does the unit have the appropriate MOA from their MACOM providing authorization to maintain the TMDE-SP that is pending finalization of the BOIP and authorization IAW the Unit's MTOE?

2.4. Does your unit have the manufacturer's service literature and/or technical manuals (http://www.usamma.army.mil/Medical_Equipment_Publications.cfm) for all medical equipment authorized and on-hand within the unit?

2.5. Do your medical equipment repairers have adequate repair parts support? Are they familiar with the AMEDD's Centralized Class VIII Repair Parts Program?

2.6. Are your unit's medical equipment repairers utilizing the Unit Level Logistics System – Ground (ULLS-G) provided to manage the unit's medical equipment maintenance program?

(continued) Appendix D. USAMMA Logistics Assistance Program,
Medical Maintenance Support and Questionnaire

- 2.6.1 Have your 68As received the ULLS-G certification training?
- 2.6.2 Have your medical equipment repairers reviewed the ULLS-G (medical specific) user manual located on AKO? (Have web-site manager Link to AKO)
- 2.7. Is the leadership familiar with the USAMMA medical maintenance evaluation checklist (Link to be provided) to assist commanders to evaluate the Unit's medical equipment maintenance program and maintenance preparedness?
- 3. Where does your unit receive medical maintenance support that is beyond or exceeds your unit's organic capability, i.e., MEDCEN, MEDLOG, USAMMA?
 - 3.1 Is the medical maintenance support you receive responsive and abundant?
 - 3.2 Is the command aware of the AMEDD Maintenance Sustainment Program (Link to be provided) and the regional point of contact to assist your unit with all of your medical maintenance needs?
 - 3.3 Are USAMMA's Maintenance Operations Depots responsive to your medical maintenance needs?

APPENDIX E. SAMPLE MEMORANDUM OF MAINTENANCE SUSTAINMENT SUPPORT COORDINATION

The following is a sample coordination memorandum that the USAMMA Medical Maintenance Operations Divisions utilize to notify and coordinate medical maintenance support with ARNG State Surface Maintenance Managers.

MCMR-MMM-DU

10 March 2006

Memorandum for Director of Logistics, Indiana National Guard, ATTN: MDI-LG, (POC Name),
2002 South Holt Rd, Indianapolis, IN 46251

SUBJECT: Army Medical Department (AMEDD) Sustainment Maintenance Program

1. The objective of the AMEDD Sustainment Maintenance Program is to perform maintenance services on all medical equipment belonging to National Guard Bureau TOE organizations. The US Army Medical Materiel Agency (USAMMA) Medical Maintenance Operations Division (MMOD), **Hill Air Force Base, UT** is programmed to perform medical equipment sustainment maintenance for National Guard units in the state of **Indiana** during the month of **August, 2004**. During our visit, we will also make every effort to assist your state's TDA organizations (i.e. Physical Exam centers) with their equipment concerns as well, time and resources permitting.
2. This is a recently implemented program to increase the readiness status of medical equipment throughout the Department of the Army and is intended to reduce the many medical maintenance shortcomings and inconstancies throughout the Army (Active, Reserve, and National Guard). This program is centrally funded and is managed by the US Army Medical Materiel Agency. Enclosure 1 further explains the intent of the program and how we intend to support your TOE organizations.
3. To facilitate the Sustainment Maintenance Program, the United States, territories, trusts, and provinces have been organized into three regions which are aligned with USAMMA's three MMODs. **Indiana** is located in the region supported by MMOD, **Hill Air Force Base**. The point of contact at **Hill AFB** is **(POC Name) @ 801-586-4948 or (MMOD Chief Name) @ 801-586-4947**.
 - a. Enclosure 2 contains a spreadsheet that lists **Indiana's** NGB TOE organizations and medical equipment items associated with each has been attached. This list of organizations and their property book assets was derived from the LOGSA LIDB. Based on the LINs authorized and on-hand quantities for each unit by MTOE, the medical equipment requiring periodic maintenance/service associated with each set is also included. Please verify the accuracy of these lists including Units / POC's / Addresses / Phone and E-Mail and update accordingly.
 - b. To expedite this medical maintenance and assistance mission and to save on TDY time and expenses, it is requested that the states medical equipment identified for maintenance services be consolidated at centralized locations to the maximum extent possible. These areas will need to provide sufficient lighting, 120/240 volts electrical power, and adequate space for our technicians to service your equipment.
 - c. If at all possible, the State's and/or organization's assigned medical equipment repairers (MOS 91A) should be available to assist with the medical maintenance mission and to receive valuable MOS skills sustainment training. We will be happy to schedule these trips over a

(continued) APPENDIX E. Sample Memorandum Of
Maintenance Sustainment Support Coordination

weekend or, when practical, in conjunction with your Annual Training (AT) to facilitate having your personnel available.

4. We certainly look forward to working with you in the coordination and scheduling of medical maintenance services throughout your NGB MTOE units. The National Guard Bureau Chief, Logistics Maintenance Branch, **(Rank Name)** @ 703-607-7445 and Health SVCS Materiel Officer/Executive Officer, **(Rank Name)** @ 703-607-7146 are supportive of this effort to assist the NG TOE organizations to ensure their medical equipment is fully mission capable (FMC).

5. The point of contact for additional information is **(POC Name)** @ 801-586-4948 or the undersigned @ 801-586-4947.

**SIGNATURE BLOCK
(MMOD Chief)**

**APPENDIX F. MEMORANDUM OF AUTHORIZATION FOR
MEDICAL SPECIAL PURPOSE TEST, MEASUREMENT, AND
DIAGNOSTIC EQUIPMENT (TMDE)**



DEPARTMENT OF THE ARMY
HEADQUARTERS UNITED STATES ARMY NATIONAL GUARD BUREAU
111 SOUTH GEORGE MASON DRIVE
ARLINGTON VIRGINIA 22204-1382

REPLY TO
ATTENTION OF

AFLG-FMMC-E

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Memorandum of Authorization for Medical Special Purpose Test, Measurement, and Diagnostic Equipment (TMDE) for Army National Guard (ARNG) Medical MTOE Units.

1. The U.S. Army Medical Materiel Agency is fielding medical TMDE-SP to ARNG medical MTOE units with medical maintenance capability authorized medical equipment repairer MOS 68A/91A.

2. The ARNG has the following type units which have a medical maintenance capability and MOS 68A/91A authorization documented. The SRCs (FY08) are:

08058L100
08108F400
08329G000
08339G000
08438L100
31813G000

4. The ARNG UICs associated with the above referenced SRCs are:

WP9RAA	WPTLAA	WQP1AA	WTQ0AA	WV55AA	WVBMAA	WYLLAA
WPCPAA	WPUMAA	WQSRAA	WTQ2AA	WV56AA	WVBTA	WYLMMA
WPCRAA	WPWTAA	WQYTAA	WTRJAA	WV57AA	WVCTAA	WZFXAA
WPCSAA	WPWZAA	WRVWAA	WV51AA	WV59AA	WYC7AA	WZFYAA
WPGZAA	WQL1AA	WTNBAA	WV53AA	WV63AA	WYEZAA	WZGEAA
WPJSAA	WQNYAA					

5. The following is a list of items required for medical equipment repairers to provide field level medical maintenance. In some instances, some items are already documented. The complete set of TMDE-SP is programmed to eventually be added to the TOE/MTOE:

(Continued) APPENDIX F. Memorandum Of Authorization For
Medical Special Purpose Test, Measurement, And Diagnostic Equipment (TMDE)

NSN	MATERIAL DESCRIPTION	LIN	QTY
6625012078270	TEST SET ELECTRICAL		1
6685012927873	THERMOMETER SELF-INDI		1
6625012983830	SIMULATOR MED FUNCTION	S56720	1
6515014382409	TEST SET ELECTROSURGICAL	T90883	1
6625014489577	OSCILLOSCOPE DIGITAL	Z47763	1
6515014491420	ANALYZER DEFIB & TRANS	A83433	1
6515014491421	TESTER VENTILATOR PTB	Z28075	1
6515014491423	ANALYZER NONINVAS BLOOD	Z07763	1
6695014916615	CALIBRATOR-ANALYZR	C61523	1
6525015020504	METER X-RAY CALIBRATION		1
6515015048537	PULSE OXIMETER,SIMULATOR		1
6515015352790	SIMULATOR SENSOR		1
8145015357927	SHIPPING AND STORAGE		2
8145015358067	SHIPPING AND STORAGE		2
8145015358237	SHIPPING AND STORAGE		1
	COMPUTER		1

6. Until all BOIPs are approved and applied to TOE/MTOE, this memorandum provides interim authorization for the above listed items.

7. This memorandum of authorization should be maintained in the equipment authorization file.

8. Points of contact for this action are Mr. Yoshi Shino, USAMMA, DSN 343-4382, email: yoshi.shino@amedd.army.mil and MAJ Patrick Moore, AFLG-FMMC-E, DSN 327-9164, email: patrick.moore1@ng.army.mil.

FOR THE DEPUTY CHIEF OF STAFF FOR LOGISTICS

/ s /

JAMES P. DE MARTINI
Chief, FORSCOM Materiel
Management Center

DISTRIBUTION:

COMMANDER,

703D SUPPORT BN, 3RD INFANTRY DIVISION, FT STEWART, GA
27TH CS BN, FIRST CAVALRY DIVISION, FT HOOD, TX
4 CS BN, 4TH INFANTRY DIVISION, FT HOOD, TX
204 CS BN, 4TH INFANTRY DIVISION, FT HOOD, TX
MAINT SPT 4ID, 4TH INFANTRY DIVISION, FT HOOD, TX
782D MAIN SUPPORT BN, 82D AIRBORNE DIVISION, FT BRAGG, NC
307TH FORWARD SUPPORT BN, 82D AIRBORNE DIVISION, FT BRAGG, NC
82D FORWARD MAINT BN ABN, 82D AIRBORNE DIVISION, FT BRAGG, NC

(continued) APPENDIX F. Memorandum Of Authorization For
Medical Special Purpose Test, Measurement, And Diagnostic Equipment (TMDE).

407TH SUPPLY AND SERVICES BN, 82D AIRBORNE DIV., FT BRAGG, NC
801ST SUPPORT BN, 101ST AIR ASSAULT DIVISION, FT CAMPBELL, KY
710TH SUPPORT BN, 10TH MOUNTAIN DIVISION, FT DRUM, NY
210TH SUPPORT BN, 10TH MOUNTAIN DIVISION, FT DRUM, NY
10TH SUPPORT GROUP, 10TH MOUNTAIN DIVISION, FT DRUM, NY
25TH SUPPORT BN LID, 25TH INFANTRY DIVISION, FT LEWIS, WA
SPT SQDN 3D ARMORED CAV, FT CARSON, CO
SPT SQDN 2D ARMORED CAV, FT POLK, LA
296TH SUPPORT BN, 2ND INFANTRY DIVISION, FT LEWIS, WA

CF:

I CORPS, ATTN: AFZH-MD, FORT LEWIS, WA 98433
III CORPS, ATTN: AFZF-GL-FM/ AFZF-MD, FORT HOOD, TX 76544
XVIII AIRBORNE CORPS, ATTN: AFZA-MD, FORT BRAGG, NC 28307
44TH MED BDE, ATTN, AFZA-MB, FORT BRAGG, NC 28307
1ST MED BDE, ATTN, AFVG-MG-CMD, FORT HOOD, TX 76544
55TH MEDICAL GROUP, ATTN: ATZA-MB-HHD, FORT BRAGG, NC 28307
62ND MEDICAL GROUP, BLDG 3243, ATTN: AFZH-MG, FORT LEWIS, WA 98433
U.S. MEDICAL MATERIAL AGENCY, ATTN: MCMR-MMM, FORT DETRICK, MD 21702
U.S. AMEDD CENTER AND SCHOOL, ATTN: MCCS-FCO-B, FORT SAM HOUSTON, TX
78234
U.S. ARMY RESERVE COMMAND, ATTN: AFRC-MDL. FORT MCPHERSON, GA 30330

By Order of the Secretary of the Army:

SB 8-75-S10

GEORGE W. CASEY, JR.
General, United States Army
Chief of Staff

Official:


JOYCE E. MORROW
Administrative Assistant to the
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